PEPPERDINE
UNIVERSITY

IRB COOPERATIVE AUTHORIZATION AGREEMENT

Institution or Organization Providing IRB Review

Name (Institution/Organization A): _____

IRB Registration/Protocol #: _____

Federalwide Assurance(FWA)#, if any: _____

Institution Relying on the Designated IRB (Institution B)

Name: _____

FWA#: _____

The Officials signing below agree that _____(name of Institution B) may rely on the designated IRB for review and continuing oversight of its human subjects research described below: (check one):

(___) This agreement applies to all human subjects research covered by Institution B's FWA.

(___) This agreement is limited to the following specific protocol(s):

Name of Research Project: _____

Name of Principal Investigator: _____

Sponsor or Funding Agency: _____

Award Number, if any: _____

(___) Other (describe): _____

The review performed by the designated IRB will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the Terms of its OHRP-approved FWA. This document must be kept on file by both parties and provided to OHRP upon request.

Signature of Signatory Official (Institution/Organization A):

_____

Date: _____

Print Full Name: _____

Institutional Title: _____

Signature of Signatory Official (Institution B):

_____

Date: _____

Print Full Name: _____

Institutional Title: _____