

# IRB Single Study Institutional Authorization Agreement (IAA) Form

(cede IRB oversight to another FWA institution)

The following information is with regard to the institution assuming oversight.

**Institution assuming oversight**

**Institution's Signatory Official**

**IRB Name**

**Institution's FWA #**

**IRB Registration #**

**IRB Human Subjects Administrator**

**IRB Chairperson**

**FWA Expiration Date**

The following information is with regard to the single study in question.

**Project PI & Co-PIs**

**Project Name/Title or ID #**

**Project Time Frame (MM/YYYY to MM/YYYY)**

Engaged institutions are those in which either employees or students are actively interacting with research subjects for research purposes, obtaining informed consent, accessing any private data associated with the research, or is funded under the study in question.

**Please list all institutions which will be engaged in human subjects research under this study (including the institution assuming oversight and the institution ceding oversight).**

In order to cede IRB oversight to another institution, Florida SouthWestern State College requires the following documentation from the PIs be attached to this form:

1. A copy of the study protocol that is to be submitted to the institution assuming IRB oversight.
2. A copy of the final approval letter or documentation from the IRB assuming oversight following review.
3. A copy of the proposed IAA from the institution assuming IRB oversight.
4. NIH or similar human protections research training of the FSW-affiliated PI or Co-PIs.
5. Provide a brief rationale below explaining why Florida SouthWestern State College is to cede oversight to the institution's activities on this study

**Rationale for ceding oversight**

The officials signing below agree that Florida SouthWestern State College may rely on the designated IRB of the institution assuming oversight and continuing oversight of its human subjects research described above and in the attached documents.

By signing below, the Florida SouthWestern State College PI or Co-PI agrees to:

1. Comply with the determinations of the IRB assuming review of the project.
2. Promptly report to the IRB assuming oversight any noncompliance or problems involving injury or risk to subjects with the approved protocol.
3. Seek IRB approval from reviewing IRB prior to altering approved protocol in any way.
4. Comply with all federal, state, and local regulations.
5. Comply with all Florida SouthWestern State College institutional requirements and policies related to the IRB.
6. Confirm with the IRB assuming oversight that there are no conflicts of interest among any parties involved in the project.
7. Return a signed and completed copy of this document along with all supporting materials to the Florida SouthWestern State College Human Subjects Administrator.

**Name of FSW affiliated PI or Co-PI:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Florida SouthWestern State College will cede IRB oversight to another institution provided the following conditions are met.

The review performed by the IRB assuming oversight will meet the human subject protection and compliance requirements of Florida SouthWestern State College's OHRP-approved FWA. By meeting compliance requirements, this means the IRB assuming oversight agrees to:

1. Provide initial and continuous review in accordance with 45 CFR 46.
2. Provide any and all documents to Florida SouthWestern State College pertaining to unanticipated problems related to risk, any non-compliance and/or termination of IRB approval.
3. Provide meeting minutes pertaining to this particular project to Florida SouthWestern State College.
4. Comply with all federal, state, and local laws and regulations.

This document must be kept on file by both parties and provided to OHRP upon request.

**Signatory Official of the institution of the IRB assuming oversight:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Human Subjects Administrator of Accepting Authority:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Human Subjects Administrator of Florida SouthWestern State College:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_