METHODIST

The Nebraska Methodist Hospital
8303 Dodge Street
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Institutional Review Board Authorization Agreement Form

This form is required to cede oversight of a study to an external IRB.

PARTY A

Institution/Organization*

IRB Registration #*

IRB FWA #*

PARTY B

Institution/Organization*

IRB Registration #*

IRB FWA #*

Select One*

☐ Study is seeking initial approval and will oversee all Study conduct.

☐ Study is transferring oversight after initial approval.

TITLE of Clinical Research Study*

Protocol Number*

Principal Investigator*

Sponsor*

Provide Additional Details for Transfer Below:

The execution of the document confirms Party _____ may rely on Party _____ for review and continued oversight of its Human Subject Research. The review performed will meet the Human Subject Protection requirements of OHRP approved FWA. IRBs will follow written procedures for reporting their findings and actions to appropriate officials. Relevant minutes of IRB meetings will be made available upon request. Both parties remain responsible for ensuring compliance with the determinations and with the TERMS of OHRP-approved FWA. This document will be kept on file by both parties and provided upon request.

PARTY A Authorization*

Print Full Name

Sign

Date

PARTY B Authorization*

Print Full Name

Sign

Date

* required field