

**Chapman University (CU)
Institutional Review Board (IRB) Authorization Agreement (IAA)**

Name of Institution Providing IRB Review: Chapman University

CU IRB Registration #: IORG0004785

Federal-wide Assurance (FWA) #: FWA00011020

Name of Institution Relying on the Designated IRB:

Initials of Relying Institution:

FWA #

The Officials signing below agree that _____ may rely on Chapman University IRB for review and continuing oversight of the human subject research described below:

Sponsor or Funding Agency:

CU Research Project Title:

CU IRB protocol #:

Name of CU Investigator(s):

Tracking # assigned by relying institution's internal IRB for this project, if any (otherwise type "N/A"):

Name of non-CU Investigator:

The review and continuing review performed by the CU IRB will meet the human subject protection requirements of _____ Office of Human Research Protections (OHRP)-approved FWA. The IRB at CU will follow written procedures for reporting its findings and actions to appropriate officials at _____ IRB. Relevant minutes of CU IRB's meetings will be made available to _____ upon request. _____ will be responsible for ensuring compliance with the IRB's determinations and with the terms of its OHRP-approved FWA.

_____ and CU mutually agree to inform the other Institution in the event of any unanticipated problems involving risks to participants or others, or suspensions or terminations of this Project, as well as any serious or continuing non-compliance or misconduct on the part of its Investigator.

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

Signature of Signatory Official on behalf of Chapman University:

Martina Nieswandt, Vice President for Research

Date: _____

Signature of Signatory Official on behalf of _____:

Name:
Title:

Date: _____