Instructions:

\*Please remove instructions once completed\*

1. For processing a request for New Mexico State University (NMSU) IRB to cede review (rely) on an external IRB this form needs to be completed by NMSU internal study team.
2. Once the form is completed, please attach in the protocol application.
3. Please ensure the project ID is included for the local and external IRB. Also, the information for the local and external PI should be provided below in the appropriate sections.
4. Any questions can be forwarded to **ric\_admin@nmsu.edu**

IRB Authorization Agreement

Institutional Review Board (IRB) Authorization Agreement between **\_\_\_\_\_\_\_\_\_\_\_** and **New Mexico State University (NMSU).**

Name of Institution or Organization Providing IRB Review (Institution A): Please Complete

IRB Registration #: Please provide IRB registration

Federal wide Assurance (FWA)#: Please provide FWA

Contact: Please provide name, email, and phone #

Name of Institution Relying on the Designated IRB (Institution B): **New Mexico State University (NMSU)**

IRB Registration #: **IRB00001279**

OHRP Federal Wide Assurance (FWA) #: FWA00000451

Contact: Office of Research Integrity and Compliance

E-mail: [ric\_admin@nmsu.edu](mailto:ric_admin@nmsu.edu)

Phone: 575-646-7177

The Officials signing below agree that Institution B may rely on the designated IRB for review and continuing oversight of its human subject research described below:

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

Name of Research Project:

Name of “Institution A” Principal Investigator:

Study Number:

Signature of “Institution A” Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution B Principal Investigator:

NMSU IRB Study Number:

External IRB Study Number (if any):

Sponsor or Funding Agency:

Award Number, if any:

Signature of “Institution B” Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Reviewing Institution’s IRB agrees to the following in regard to the above listed research protocol or activities**:

1. Provide initial and continuing review in accordance with 45 CFR 46 and its FWA.
2. Arrange for prompt reporting to the Relying Institution’s IRB of any of the following, as defined and determined by the Reviewing Institution’s IRB:
   1. Any unanticipated events or problems involving risks to subjects or others.
   2. Any serious or continuing non-compliance.
   3. Any suspension or termination of IRB approval.
3. Relevant minutes of IRB meetings will be made available to Institution B upon request.

**The Relying Institution remains responsible for the following**:

1. Ensure research activities at its site are in compliance with the IRB’s determinations and with the terms of its OHRP-approved Assurance.
2. Adhere to its institutional conflict of interest policies and procedures.
3. Ensure Principal Investigators and other research personnel involved in the research are appropriately qualified and meet its institutional standards for eligibility to conduct research, including, but not limited to, having the required professional staff appointments, credentialing, insurance coverage, and background checks for their assigned role in the research and training in the protection of human subjects.

This document must be kept on file at both institutions and provided to OHRP upon request. This agreement will become effective upon the date of the last signature by the institutional officials below and will remain in effect until such time that either institution provides 30 days written notice of termination to the other institution.

Signature of Signatory Official (Institution A):

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

Print Full Name:

Institutional Title:

Signature of Signatory Official (Institution B):

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

Print Full Name: **Luis A Cifuentes, PhD**

Institutional Title: **Vice President for Research, Creativity, and Economic Development**