

Institutional Review Board (IRB) Authorization Agreement

Institution Providing Review (Institution A): Lincoln Memorial University

IRB Registration Number: IORG0005225

FWA Number: FWA00012543

Institution Relying on the Designated IRB (Institution B):

FWA Number:

The Officials signing below agree that Institution B may rely on the designated IRB (Lincoln Memorial University) for review and continuing oversight of its human subject's research limited to the following specific protocol:

IRB #:

Title of Research Project:

Name of Principal Investigator at Lincoln Memorial University:

Name of Principal Investigator at (Institution B):

The review and continued oversight performed by the Lincoln Memorial University IRB will meet the human subject protection requirements of *Institution B's* OHRP-approved FWA. The IRB at Lincoln Memorial University 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 (Lincoln Memorial University):

IRB Chair	Date
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Address: 6965 Cumberland Gap Parkway
Harrogate, TN 37752

Phone: (423) 869-6613



Signature of Signatory Official Institution B: _____

Print Full Name:	Date:
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Institutional Title:

Address:

Phone: