**Name of Institution or Organization Providing IRB Review** (*Institution/Organization A):*

Advarra, Inc. (“Advarra IRB”)

**Advarra IRB Registration #:** IRB00000971

**Advarra IRB FederalWide Assurance (FWA) #:** FWA00023875

**Name of Institution Relying on the Designated IRB** (*Institution B*): Duke University Health System

**FWA #:** 00009025

*(check one):*

**[x]** Institution B has an FWA.

[ ]  Institution B does not have an FWA.

 The Officials signing below agree that (*Institution B):* Duke University Health System may rely on the designated IRB for review and continuing oversight of its human subjects research described below:

(*check one*)

**[ ]**  This agreement applies to all human subjects research covered by Institution B’s FWA.

 **[x]**  This agreement is limited to the following specific protocol(s):

Name of Research Project:

 Protocol Number:

Name of Principal Investigator:

 Sponsor or Funding Agency: Award Number, if any:

 **[ ]** Other (*describe*):

The review performed by Advarra IRB will meet the human subject protection requirements of Institution B’s OHRP-approved FWA. Advarra IRB will follow written procedures for reporting their 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 (*Advarra IRB):*

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Signatory Official (Institution B): DUHS

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_