**Institutional Review Board (IRB) / Independent Ethics Committee (IEC) Authorization Agreement**

**Name of Institution or Organization Providing IRB Review***:* Advarra, Inc. (“Advarra IRB”)

**Advarra IRB Registration #:** IRB00000971

**Advarra IRB Federal Wide Assurance (FWA) #:** FWA00023875

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

*(check one):* Institution B has an FWA. **FWA #:** 00009025

Institution B does not have an FWA.

The Officials signing below agree that (*Relying Organization)*: Duke University Health System (DUHS) may rely on the reviewing IRB for review and continuing oversight of its human subjects research described below (*check one*):

This agreement applies to all human subjects research at the Relying Organization.

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

Name of Research Project:

Protocol Number:

Name of Relying Site 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 the Relying Organization’s OHRP-approved FWA, if applicable. Advarra IRB will follow written procedures for reporting their findings and actions to appropriate officials at Relying Organization. Relevant minutes of Advarra IRB meetings will be made available to Relying Organization upon request. The Relying Organization remains responsible for ensuring compliance with the Advarra IRB’s determinations and with the Terms of its OHRP-approved FWA, if applicable.

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

Reviewing IRB / Relying Organization Signatures

**Reviewing IRB:**

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Signature of Signatory Official (Advarra IRB) Date Signed

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Name of Signatory Email Address

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Title of Signatory

**Relying Organization:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Signatory Official (Relying Institution) Date Signed

\_Minna Pak\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_minna.pak@duke.edu\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Signatory Email Address

\_\_DUHS IRB Administrative Director\_\_\_\_\_\_\_

Title of Signatory