

Institutional Review Board (IRB) Authorization Agreement

Name of Institution or Organization Providing IRB Review (Institution/Organization A):
Rocky Mountain Tribal Institutional Review Board (RMT-IRB)

IRB Registration #: 000000638 Federal wide Assurance (FWA) #s: 0000889 & 00006107

Name of Institution Relying on the Designated IRB (Institution B):
_____ FWA #: _____

The Officials signing below agree that {Insert Name of Tribe/Institution B} may rely on the designated IRB for review and continuing oversight of its human subject's research described below: (check one)

This agreement applies to all human subject research covered by Institution B's FWA and/or any proposed project or research protocol which involves the Reservation and any or all data pertaining to reservation or its populations.

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

Name of Research Project: _____
Name of Principal Investigator: _____
Sponsor or Funding Agency: _____ Award Number, if any: _____

Other (describe): _____

The review performed by the designated IRB (Rocky Mountain Tribal IRB) will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution/Organization A 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 (Institution/Organization A):

_____ Date: _____

Printed Name: William F. Snell, Jr

Institutional Title: Rocky Mountain Tribal Leaders Council Executive Director

NOTE: The IRB of Institution A must be designated on the OHRP-approved FWA for Institution B (this does not apply if FBICC does not have a Federal Wide Assurance Number).

Signature of Signatory Official (Institution B):

_____ Date: _____

Print Full Name: _____ Institutional Title: _____