

**Tarrant County College District  
Institutional Review Board  
Other IRB Authorization Agreement**

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

**IRB Registration #:**

**Federal-Wide Assurance (FWA) #, if any:**

**Name of Institution Relying on the Designated IRB (Institution B):**

**FWA #:**

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The Officials signing below agree that (*name of Institution B*) 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.

(     ) 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*):**

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*The review performed by the designated 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.*

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**Signature of Signatory Official (Institution/Organization A):**

**Date:**

**Print Full Name:**

**Institutional Title:**

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**Signature of Signatory Official (Institution B):**

**Date:**

**Print Full Name:**

**Institutional Title:**

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Email forms and supporting documentation to: [irb.irpe2@tccd.edu](mailto:irb.irpe2@tccd.edu).