**Institution or Organization Providing IRB Review (Institution A):**

Name: Texas A&M University-Corpus Christi FWA#: 00011281

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

Name: FWA#:

The Officials signing below agree that the <add institution name> IRB (Institution B) may rely on the designated IRB, Texas A&M University-Corpus Christi (Institution A), 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):

**Institution A:** Texas A&M University-Corpus Christi (TAMU-CC)

Name of Research Project:

Name of Principal Investigator:

IRB Protocol Number:

Sponsor or Funding Agency:\_\_\_\_\_\_\_\_\_

Award Number, if any: \_\_\_\_\_\_\_\_\_

**Institution B:**

Name of Research Project:

Name of Principal Investigator:

UNIVERSITY Protocol Number: \_\_\_\_\_\_\_\_\_

The review performed by the designated IRB will meet the human subject protection requirements of Institution B’s OHRP-approved FWA. The Texas A&M University-Corpus Christi IRB 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 A: Texas A&M University-Corpus Christi):**

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

Print Full Name: Ahmed Mahdy, Ph.D.

Institutional Title: Executive Vice President, Research and Innovation

**Signature of Signatory Official (Institution/Organization B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_):**

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

Print Full Name: \_\_\_\_\_\_

Institutional Title: \_\_\_\_\_