



**Institutional Review Board  
Collaborating Institution Authorization Agreement**

*Agreement between two Institutions with FWAs, also called an Independent Ethics Committee (IEC)  
Authorization Agreement, to designate and rely on one IRB.*

**Name of Institution Providing IRB Review (A):** \_\_\_\_\_  
IRB Registration Number: \_\_\_\_\_  
FWA Number: \_\_\_\_\_

**Name of Institution Relying on the Designated IRB (B):** Middlesex Community College  
IRB Registration Number: IRB00006415  
FWA Number: 00012934

**Title of Research Project:** \_\_\_\_\_  
**Name of PI and Contact Information at Institution A:** \_\_\_\_\_  
**Sponsor or Funding Agency:** \_\_\_\_\_  
**Award Number, if any:** \_\_\_\_\_  
**IRB Approval Number and Date:** \_\_\_\_\_  
**Name of PI (or contact) and Contact Information at Institution B:** \_\_\_\_\_

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

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

The review performed by the designated IRB will meet the human subject protection requirements of Middlesex Community College's OHRP-approved FWA. The IRB at Institution A will follow written procedures for reporting its findings and actions to appropriate officials at Middlesex Community College. Relevant minutes of IRB meetings will be made available to Middlesex Community College upon request. Institution A remains responsible for ensuring compliance with 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.

The collaborating PI is required to provide the necessary information to the IRB of record, such as the IRB approval letter, and copies of the annual and final reports.

The Officials signing below agree that Middlesex Community College may rely on the designated IRB for review, approval and continuing oversight of the human subjects research described in this agreement.

\_\_\_\_\_  
Signatory Official Signature (Institution A)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Signatory Official Signature (MCC)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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