Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Review Board web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IRB evaluation process.

Enter information by typing in the       area.

**Please go to UMBC** [**IRB website**](http://research.umbc.edu/institutional-review-board-human-subjects/) **for all up-to date guidance and information regarding the below.**

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

University of Maryland, Baltimore County (UMBC)

IRB Registration #: IRB00000334 Federalwide Assurance (FWA) #, if any: FWA00000069

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

FWA #:

The Officials signing below agree that       (**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 UMBC Research Project:

Name of UMBC Principal Investigator:

IRB Protocol #:

Name of Institution B Principal Investigator:

IRB Protocol/Study #:

**IRB Office Contact Name:**

**IRB Office Contact phone and email:**

Sponsor or Funding Agency:

Award Number, if any:

Other (*describe*):

The Reviewing Institution’s (Institution A) IRB agrees to provide initial and continuing review in accordance with 45 CFR 46 and its FWA and to prompt reporting to the Relying Institution’s IRB of any of the following:

a. Any unanticipated events or problems involving risks to subjects or others.

b. Any serious or continuing non-compliance.

c. Any suspension or termination of IRB approval

Relevant minutes of Institution A IRB meetings will be made available to Institution B upon written request.

The Relying Institution (Institution B) is responsible for ensuring research activities at its site are in compliance with the IRB’s determinations and with the terms of its OHRP-approved Assurance and ensuring principal investigators and other research personnel involved in the research are appropriately qualified and meet its institutional standards for eligibility to conduct research.

This document must be kept on file at both institutions and provided to OHRP upon request. This agreement will become effective upon the date of the last signature by the institutional officials below and will remain in effect until such time that either institution provides written notice of termination to the other institution.

Signature of Signatory Official (Institution A):

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

Print Full Name: Timothy A. Sparklin Institutional Title: Research Compliance Officer

Signature of Signatory Official (Institution B):

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete for Relying Institution (**Institution B)**

Study Personnel Names Email Address Date of CITI Training

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