

INSTITUTIONAL REVIEW BOARD (IRB) AUTHORIZATION AGREEMENT

Institution Receiving on IRB Review: UW Medicine Valley Medical Center (Public Hosp District No. 1 King Co) Federalwide Assurance No.: FWA00002595
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Institution Providing IRB Review: _____
IRB Assurance Number: _____
Federalwide Assurance Number: _____
Date of FWA Expiration: ____/____/____

The Officials signing below agree that UW Medicine Valley Medical Center may rely on the designated IRB for review and continuing oversight of its human subjects research described below. This agreement is limited to the following specific protocol:

- 1) **Human Subjects Application Title:** _____
- 2) **Human Subjects Application Number:** _____
- 3) **Principal Investigator of Human Subjects Application:** _____
- 4) **Sponsor or Funding Agency:** _____
- 5) **Award Number (if any):** _____ **Funding Start Date:** __/__/__ **through** __/__/__
- 6) **Title and investigator of Funding Proposal (if different from above):** _____

The review and continuing oversight performed by the designated IRB will meet the human subject protection requirements of UW Medicine Valley Medical Center’s OHRP-approved FWA. The IRB at the designated institution will follow written procedure for reporting its findings and actions to appropriate officials at UW Medicine Valley Medical Center. Relevant minutes of IRB meetings will be made available to UW Medicine Valley Medical Center upon request. UW Medicine Valley Medical Center 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 at UW Medicine Valley Medical Center:

Name James Park, MD	Date
Date of UW Valley Medical Center FWA Expiration:	12/30/2020

Signature of Signatory Office at non-UW Medicine Valley Medical Center:

Name	Date