Plymouth State University (PSU)

Name of Institution Providing IRB Review:
IRB Registration #: ; Federalwide Assurance (FWA) #:

Name of Institution Relying on the Designated IRB:
Plymouth State University (PSU) on behalf of the PSU IRB
IRB Registration #: 0000XXXX; FWA #: FWA000XXXXX

The Officials signing below agree that Plymouth State University may rely on ________________ for review and continuing oversight of the human subjects research described below:

Name of Research Project:
Name of Investigator(s):
Name of PSU Investigator(s):
Sponsor or Funding Agency:

The review and continuing review performed by ________________ will meet the human subject protection requirements of the PSU OHRP-approved FWA. ________________ will follow written procedures for reporting its findings and actions to appropriate officials at PSU. Relevant minutes of ________________’s meetings will be made available to PSU upon request. PSU remains responsible for ensuring compliance with the IRB’s determinations and with the Terms of its OHRP-approved FWA.

______________ and PSU mutually agree to inform the other Institution in the event of any unanticipated problems involving risks to participants or others, or suspensions or terminations of this protocol, as well as any serious or continuing non-compliance or misconduct on the part of the Investigator.

This document must be kept on file by both parties and provided to OHRP upon request.

Signature of Signatory Official (______________):

________________________________________    Date: ___________

Print Full Name: ________________________________ Institutional Title: _____________________

Signature of Signatory Official on behalf of Plymouth State University:

________________________________________    Date: ___________

Joseph N. Boyer, PhD
Director of Research and Innovation