**Name of Institution or Organization *Providing* IRB/IACUC Review** (PrimaryIRB/IACUC):

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

Office for Human Research Protections (OHRP) Federalwide Assurance FWA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Laboratory Animal Welfare (OLAW)   Animal Welfare Assurance Number OLAW# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Institution *Relying* on the Designated IRB/IACUC\*** (SecondaryIRB/IACUC):

\_Arcadia University\_\_\_\_\_\_\_\_\_\_

FWA #: \_00000449\_\_\_\_\_\_\_\_\_

OLAW# A4424-01

The Officials signing below agree that \_Arcadia University may rely on the Designated IRB/IACUC for review and continuing oversight of its human and animal subject research described below:

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

Name of Research Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor or Funding Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_Award Number, if any: \_\_\_\_\_\_\_\_\_\_

* The review performed by the Designated IRB/IACUC will meet the human and animal subject protection requirements of the Secondary IRB/IACUC’s Office for Human Research Protections (OHRP)-approved FWA and its Office of Laboratory Animal Welfare.
* The Primary IRB/IACUC will follow written procedures for reporting its findings and actions to appropriate officials at the Secondary IRB/IACUC.
* Relevant minutes of IRB/IACUC meetings of the Primary IRB/IACUC will be made available to the Secondary IRB/IACUC upon request.
* The SecondaryIRB/IACUC is responsible for ensuring compliance with the IRB/IACUC’s determinations and with the Terms of its OHRP-approved FWA or OLAW certification.
* This document must be kept on file by both parties and provided to OHRP or OLAW upon request.
* Signature of Signatory Official (PrimaryIRB/IACUC ):

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

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

* Signature of Signatory Official (Secondary IRB/IACUC):

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

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

\*The term IRB/IACUC of Record refers to the Primary IRB/IACUC.