**IRB Reliance Agreement**

*This IRB Reliance Agreement is required when an external institution relies on the SUNY Downstate IRB for review and oversight of human research. For instructions for obtaining an FWA and designating the SUNY Downstate IRB on the FWA, see* [*https://www.hhs.gov/ohrp/register-irbs-and-obtain-fwas/fwas/file-a-new-fwa/index.html*](https://www.hhs.gov/ohrp/register-irbs-and-obtain-fwas/fwas/file-a-new-fwa/index.html)

**Name of Organization Providing IRB Review:**

SUNY Health Science Center at Brooklyn (SUNY Downstate Medical Center/SUNY Downstate Health Sciences University); Federalwide Assurance (FWA) #: **FWA00003624**

**Name of OHRP IRB Org:**

SUNY Health Science Center at Brooklyn (SUNY Downstate Medical Center/ SUNY Downstate Health Sciences University); IRB ORG#: **0000064**

**OHRP Registered IRB:**

SUNY Health Science Center at Brooklyn (Downstate Medical Center/ SUNY Downstate Health Sciences University); OHRP IRB# **00011521**

**Name of Institution Relying on the SUNY Downstate IRB:       or** “THE INSTITUTION”:

FWA #: FWA**.**

If applicable, provide IRB ORG#:

If applicable, provide OHRP IRB#

THE INSTITUTION must designate SUNY Downstate IRB on its U.S. Department of Health and Human Services, Office of Human Research Protections (“OHRP”) approved FWA, if it is the primary IRB which it uses.

The Officials signing below agree that THE INSTITUTION may rely on the designated SUNY Downstate IRB for review and continuing oversight of its human research.

[ ]  This agreement applies to all human research covered by THE INSTITUTION’s FWA.

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

Name of Research Project:

Name of Principal Investigator:

Sponsor or Funding Agency:

Award Number, if any:

[ ]  Other (describe):

The review performed by the designated IRB will meet the human subject protection requirements of THE INSTITUTION’s OHRP-approved FWA. The IRB at SUNY Downstate will follow written procedures for reporting its findings and actions to appropriate officials at THE INSTITUTION. Relevant minutes of IRB meetings will be made available to THE INSTITUTION upon request. THE INSTITUTION 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.

**Indemnification for SUNY Downstate Health Sciences University:**

The State of New York does not purchase insurance against liability arising out of the negligent acts of the State, the State University or their respective officers or employees. In lieu of such insurance, the State certifies that it self-retains for insurance purposes and hereby makes the following certifications: The State shall be responsible for any and all damage (including death) which may arise out of the negligent acts of the State, its officers and employees, acting within the scope of their authority. The State’s obligations with respect to claims for such damage or injury are limited only to the availability of lawful appropriations as required by Section 41 of the State Finance Law, and further subject to a determination of liability pursuant to the provisions of the New York Court of Claims Act.

**Indemnification for Institution Relying on the SUNY Downstate IRB:**

*Complete if applicable:*

**Points of Contacts:**

For SUNY Downstate Health Sciences University:

|  |  |
| --- | --- |
| Clinton D Brown MD, FASN, FAHA, FNLAProfessor of MedicineDeputy Chief, Renal Division,Department of MedicinePresiding Officer, Executive Committee, COMIRB ChairBrooklyn, New York 11203(718) 270-2077 (Direct)(718) 270-1729 or 1584 (Renal Office)Clinton.Brown@downstate.edu | Kevin L. Nellis, MS, CIPExecutive Director, Human Research Protections and Quality AssuranceResearch Foundation for SUNY – Downstate Health Sciences University450 Clarkson Avenue, Box 1284Brooklyn, NY 11203-2098(718) 613-8461 (Direct)(718) 613-8480 (IRB Office)kevin.nellis@downstate.edu  |

For Institution relying on the SUNY Downstate IRB:

|  |  |
| --- | --- |
| Name: Title: Address: Phone: E-mail:  | Name: Title: Address: Phone: E-mail:  |
| Name: Title: Address: Phone: E-mail:  | Name: Title: Address: Phone: E-mail:  |

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

**Signature of Signatory Official**

**SUNY Downstate Health Sciences University**

Heidi Aronin, MPA

Senior VP and Chief Administrative Officer

Institutional Official

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

**Signature of Signatory Official (Institution)**

**Print Name:**

**Title:**