**Name of Organization Providing IRB Review:**

SUNY Health Science Center at Brooklyn (SUNY Downstate Medical Center);

Federalwide Assurance (FWA) #: FWA00003624.

**Name of OHRP IRB Org:**

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

**OHRP Registered IRBs:**

SUNY Health Science Center at Brooklyn (Downstate Medical Center); OHRP IRB# 00011521

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

FWA #: FWA**.**

*This IRB Reliance Agreement is required when an external institution relies on the SUNY DMC IRB for review and oversight of federally funded or FDA regulated research. For instructions for obtaining an FWA and designating the SUNY DMC 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)

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 DMC IRB for review and continuing oversight of its human research.

[ ]  This agreement applies to all human subjects 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 Medicalwill 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.

**Points of Contacts:**

For SUNY Downstate Medical Center:

|  |  |
| --- | --- |
| 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 Medical Center450 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 Medical Center 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 Medical Center**

Heidi Aronin, MPA

Senior VP and Chief Administrative Officer

Institutional Official

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

**Signature of Signatory Official (Institution)**

**Print Name:**

**Title:**