**Acknowledgement of Site Agreement to Cede IRB Review
and Reviewing IRB to Provide Oversight**

This form documents that:

1. WCG IRB will serve as the Reviewing IRB for [NAME OF RELYING INSTITUTION] for the study noted below;

and

1. [NAME OF RELYING INSTITUTION] has agreed to cede IRB review to WCG IRB for the study noted below.

|  |  |
| --- | --- |
| Study Title: |  |
| Overall PI: |  |
| Relying Site Investigator: |  |

IRB review will be ceded under the SMART IRB Master Common Reciprocal Institutional Review Board Authorization Agreement.

Questions about the IRB review process or study status should be directed to Client Care, clientcare@wcgirb.com, 1-855-818-2289.

Signature of Signatory Official (WCG IRB):

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Signatory Official (Relying Institution):

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

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: *<Overall PI>*

*<Relying Site Investigator>*