## Institutional Review Board (IRB) Authorization Agreement

| Name of Institution or Organization Providing IRB Review: IRB Registration #: FWA #: Expiration Date:   |             |  |  |
|---|-------------|--|--|
| Name of Institution Relying on the Designated IRB: Grand Valley State University (GVSU)   |             |  |  |
| IRB Registration #: 2615  | FWA #: 2829 | Expiration Date: 01/09/2021            |  |
| The Officials signing below agree that GVSU may rely on the designated IRB for review and continuing oversight of its human subjects research described below:  Name of research project: |             |  |  |
| Principal Investigator:   |             |  |  |
| Sponsor or Funding Agency (if applicable):  |             |  |  |
| The review performed by the   |             | will meet the human                    |  |
| subject protection requirements of GVSU's Office of Human Research Protections (OHRP) approved  |             |  |  |
| Federalwide Assurance (FWA). The  |             | IRB will follow its                    |  |
| written procedures for reporting its findings and actions to appropriate officials at GVSU. Relevant  |             |  |  |
| minutes of  |             | IRB meetings will be made available to |  |
| GVSU upon request. GVSU remains responsible for ensuring compliance with the 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.  |             |  |  |

Version Date: 9/27/2016

| Signature of Authorizing Official for rely | ying IRB: Grand Valley State University                 |
|--|---|
|  | Date:   |
| Full Name: Jeffrey A. Potteiger, Ph.D.     | Institutional Title: Authorizing Institutional Official |
| Contact information: 616-331-7207 and      | Jeffrey_Potteiger@gvsu.edu                              |
| Signature of Authorizing Official for pro  | viding IRB:   |
|  | Date:   |
| Print Full Name:                           |   |
| Institutional Title:                       |   |
| Contact Information: Phone:                | or email:   |

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