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

Advarra, Inc. (“Advarra IRB”)

**Advarra IRB Registration #:** IRB00000971

**Name of Institution Relying on the Designated IRB** (*Institution B*):

This form documents that for all Institution B studies submitted to Advarra IRB, IRB review will be ceded under the terms of the SMART IRB Master Common Reciprocal Institutional Review Board Authorization Agreement.

Questions about the IRB review process or study status should be directed ISL@Advarra.com.

Signature of Signatory Official (Institution B):

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

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