Memorandum of Understanding for the Missouri Department of Health

**and Senior Services and the (name of institution providing IRB review)**

**Name of Institution Providing IRB Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office for Human Research Protections (OHRP) Federalwide Assurance (FWA)** **Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IRB Registration Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Institution Relying Upon IRB Review:** Missouri Department of Health and Senior Services

**OHRP Federalwide Assurance (FWA) Number:** 00001948

The Missouri Department of Health and Senior Services (DHSS) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that DHSS may rely on the \_\_\_\_\_\_\_\_\_\_\_\_ Institutional Review Board’s review, approval, and oversight of its participation in the following human research project:

**Name of Research Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor or Funding Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Award Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRB review and oversight shall be in effect only during the performance of activities for the above named research project.

The review, approval, and oversight performed by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institutional Review Board (IRB) shall meet the requirements of the Department of Health and Human Services’ regulations for the protection of human subjects at 45 CFR 46, as well as the requirements of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s OHRP-approved Assurance.

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRB shall notify DHSS of its findings and actions relating to DHSS. Relevant minutes of IRB meetings shall be made available to DHSS upon request. The DHSS remains responsible for ensuring compliance with the IRB’s determinations and with the terms of its OHRP-approved Assurance.

This document must be kept on file at both institutions and provided to OHRP upon request.

Signatures:

Authorized Official of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

DHSS Signatory Official

Authorized Official of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name and Title