1300 York Avenue



Institutional Review Board

Box 89

New York, New York 10065

(646) 962-8200

singleirb@med.cornell.edu

Acknowledgement of Institutional Review Board Authorization Agreement Memo

**Notice to the IRB Office**

**To: Weill Cornell Medicine IRB Office**

**From:**

**Request Date:**

**Study ID#:**

**Study Title:**

**WCM Principal Investigator:**

**Overall Principal Investigator:**

**IRB of Record:**

**Relying IRB:**

This notification is to recognize the Authorization Agreement with [IRB of Record] to oversee the research design methods and materials, and to provide review until completion of this project.

The designated IRB at [IRB of Record] will follow the procedures agreed upon in the Authorization Agreement for the duration of this research project.

This document, along with the signed Authorization Agreement, must be kept on file by both parties and provided to OHRP upon request.

**Approved By:**

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Timothy Wilkin, MD, MPH Date

Assistant Dean, Human Research Compliance