FWA #: **FWA00005001**

Institution: **Mayo Clinic**

Expires: **03/20/2030**

OMB No. 0990-0278
Approved for use through October 31, 2026

Federalwide Assurance (FWA) for the Protection of Human Subjects

1. Institution Filing Assurance

Legal Name: **Mayo Clinic**

City: **Rochester** State/Province: **MN** Country: **USA**

2. Institutional Components

List below all components over which the Institution has legal authority that operate under a different name. Also list with an asterisk (*) any alternate names under which the Institution operates.

NOTE: The Signatory Official signing this Assurance must be legally authorized to represent the Institution providing this Assurance and all components listed below.

Name of Component or Alternate Names Used	City	State (or Country if Outside U.S.)	
Mayo Clinic	**ROCHESTER**	MN	**A**
Mayo Clinic Hospital - Rochester - Methodist Campus	**ROCHESTER**	MN	**A**
Mayo Clinic Arizona	**SCOTTSDALE**	AZ	**A**
Mayo Clinic Jacksonville	**JACKSONVILLE**	FL	**A**
Mayo Clinic Hospital - Rochester - Saint Marys Campus	**ROCHESTER**	MN	**A**
MFMER, d.b.a. Air Medical Transport	**ROCHESTER**	MN	**A**
Mayo Clinic Florida d/b/a Mayo Clinic Hosp	**Jacksonville**	FL	**A**
MFER d.b.a. Mayo Clinic Pharmacy	**Rochester**	MN	**A**
Charter House, Inc.	**Rochester**	MN	**A**
Mayo Regional Practices - AZ d.b.a. Thunderbird Clinic	**Scottsdale**	AZ	**A**
Mayo Regional Practices- AZ d.b.a. Arrowhead Clinic	**Fountain Hills**	AZ	**A**
Mayo Family Clinic NW	**Rochester**	MN	**A**
Mayo Family Clinic Kasson	**Kasson**	MN	**A**
Mayo Family Clinic NE	**Rochester**	MN	**A**
Mayo Clinic Radiation Therapy Facility	**Northfield**	MN	**A**
St. Augustine Clinic	**St. Augustine**	FL	**A**
Beaches Primary Care Center	**Jacksonville Beach**	FL	**A**

MC Primary Care	**Jacksonville**	FL	**A**
Mayo Sleep Center	**Jacksonville**	FL	**A**
Roger Main Building	**Jacksonville**	FL	**A**
Hospice of North Florida	**Jacksonville**	FL	**A**
Fountain Ctrs	**Albert Lea**	MN	**A**
Mayo Clinic Health System - Austin and Albert Lea	**Albert Lea**	MN	**A**
Mayo Clinic Health System - New Richland	**New Richland**	MN	**A**
Mayo Clinic Health System - Wells	**Wells**	MN	**A**
Mayo Clinic Health System - HealthReach	**Albert Lea**	MN	**A**
Mayo Clinic Health System - Express Care	**Albert Lea**	MN	**A**
Mayo Clinic Health System - Austin Eye Center	**Austin**	MN	**A**
Mayo Clinic Health System - Albert Lea Eye Clinic	**Albert Lea**	MN	**A**
Fountain Centers - Faribault	**Faribault**	MN	**A**
Fountain Centers - Mankato	**Mankato**	MN	**A**
Fountain Centers - Owatonna	**Owatonna**	MN	**A**
Fountain Centers - Rochester	**Rochester**	MN	**A**
Fountain Centers - Fairmont	**Fairmont**	MN	**A**
Mayo Clinic Health System in Mankato	**Mankato**	MN	**A**
Mayo Clinic Health System - New Prague	**New Prague**	MN	**A**
Mayo Clinic Health System - St. James	**St. James**	MN	**A**
Mayo Clinic Health System - Waseca	**Waseca**	MN	**A**
Mayo Clinic Health System - Fairmont	**Fairmont**	MN	**A**
Mayo Healthcare Foundation	**Mankato**	MN	**A**
Mayo Clinic Health System - Eau Claire Clinic, Inc.	**Eau Claire**	WI	**A**
Mayo Clinic Health System - Northland, Inc.	**Barron**	WI	**A**
Mayo Clinic Health System - Chippewa Valley, Inc.	**Bloomer**	WI	**A**
Mayo Clinic Health System - Oakridge, Inc.	**Osseo**	WI	**A**
Mayo Clinic Health System - Red Cedar, Inc.	**Menomonie**	WI	**A**
Mayo Clinic Health System - Northland, Inc	**Chetek**	WI	**A**
Mayo Clinic Health System - Northland, Inc.	**Rice Lake**	WI	**A**
Mayo Clinic Health System - Chippewa Valley, Inc.	**Chippewa Falls**	WI	**A**
Mayo Clinic Health System - Oakridge, Inc.	**Mondovi**	WI	**A**
Mayo Clinic Health System - Red Cedar, Inc.	**Glenwood City**	WI	**A**
Mayo Clinic Health System - Home Health & Hospice, Inc.	**Chippewa Falls**	WI	**A**
Mayo Clinic Health System - Home Health & Hospice, Inc.	**Barron**	WI	**A**
Mayo Clinic Health System - Home Health & Hospice, Inc.	**Menomonie**	WI	**A**
Mayo Clinic Health System - Home Health & Hospice, Inc.	**Osseo**	WI	**A**
Mayo Clinic Health System - Supportive HomeCare,	**Chippewa Falls**	WI	**A**

Inc.			
Mayo Clinic Health System - Pharmacy & Home Medical, Inc.	**Eau Claire**	WI	**A**
Mayo Clinic Health System - Pharmacy & Home Medical, Inc.	**Osseo**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in La Crosse	**LaCrosse**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Onalaska	**Onalaska**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Holmen	**Holmen**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Sparta	**Sparta**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Tomah	**Tomah**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Prairie du Chien	**Prairie du Chien**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in La Crescent	**La Crescent**	MN	**A**
Mayo Clinic Health System - Franciscan Healthcare in Caledonia	**Caledonia**	MN	**A**
Mayo Clinic Health System - Franciscan Healthcare in Arcadia	**Arcadia**	WI	**A**
Winneshiek Medical Center	**Decorah**	IA	**A**
Mayo Clinic Health System - Franciscan Healthcare in La Crosse - Behavioral Health Service	**LaCrosse**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Sparta - Behavioral Health Service	**Sparta**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Tomah - Behavioral Health Service	**Tomah**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Prairie du Chien - Behavioral Health Service	**Prairie du Chien**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in Onalaska - Behavioral Health Service	**Onalaska**	WI	**A**
Mayo Clinic Health System - Franciscan Healthcare in La Crosse - Home Health Service	**La Crosse**	WI	**A**
Mayo Clinic Franciscan - Holmen - Behavioral Health Service	**Holmen**	WI	**A**
Mayo Clinic Franciscan - Arcadia - Behavioral Health Service	**Arcadia**	WI	**A**
Mayo Clinic Health System - Eau Claire Hospital, Inc.	**Eau Claire**	WI	**A**
Mayo Clinic Health System - Albert Lea and Austin	**Austin**	MN	**A**
Mayo Clinic Health System - Franciscan Medical Center, Inc.	**LaCrosse**	MN	**A**
Mayo Clinic Health System - Plainview	**Plainview**	MN	**A**
Mayo Clinic Health System - Lake City	**Lake City**	MN	**A**
Mayo Clinic Health System - Cannon Falls	**Cannon Falls**	MN	**A**
Mayo Clinic Health System - Owatonna	**Owatonna**	MN	**A**
Mayo Clinic Health System - Faribault	**Faribault**	MN	**A**
Mayo Clinic Health System - Red Wing	**Red Wing**	MN	**A**
Mayo Clinic Health System - Zumbrota	**Zumbrota**	MN	**A**
Mayo Clinic Health System - Ellsworth	**Ellsworth**	WI	**A**

Mayo Clinic Square	**Minneapolis**	MN	**A**
Mayo Family Clinic SE	**Rochester**	MN	**A**
Mayo Clinic Sports Medicine	**Tempe**	AZ	**A**
Mayo Clinic Ambulance	**Rochester**	MN	**A**
Mayo Clinic Hospital	**Jacksonville**	FL	**A**
Mayo Clinic Healthcare in London	**London**	UK	**A**
Academic and Community Cancer Research United	**Rochester**	MN	**A**

3. Statement of Principles

This Institution assures that all of its activities related to human subjects research, regardless of the source of support, will be guided by the following statement of principles governing the institution in the discharge of its responsibilities for protecting the rights and welfare of human subjects of research conducted at or sponsored by the institution. (indicate below)

The Belmont Report

4. Applicability

(a) This Assurance applies whenever this Institution becomes engaged in human subjects research conducted or supported by any U.S. federal department or agency that has adopted the U.S. Federal Policy for the Protection of Human Subjects (also known as the Common Rule), unless the research is otherwise exempt from the requirements of the Common Rule or the department or agency conducting or supporting the research determines that the research shall be conducted under a separate assurance.

(b) Optional: This Institution elects to apply the following to all of its human subjects research regardless of the source of support, except for research that is covered by a separate assurance:

5. Assurance of Compliance with the Terms of the Federalwide Assurance

(a) This Institution assures that whenever it engages in research to which this Assurance applies, it will comply with the Terms of the Federalwide Assurance (contained in a separate document on the Office for Human Research Protections (OHRP) website).

6. Designation of Institutional Review Boards (IRBs)

This Institution assures that it will rely upon only IRBs registered with OHRP for review of research to which this FWA applies. This institution (a) designates the following internal IRB(s) for review of research under this Assurance; or (b) does not have an internal IRB and designates the following external IRB for review of all research to which this FWA applies or, if multiple external IRBs are relied upon, the following external IRB that reviews the largest percentage of research to which this FWA applies.

NOTE: Institutions designating internal IRBs do not need to designate any of the external IRBs upon which it relies.

HHS IRB Registration Number	Name of IRB as Registered with HHS	Is the IRB Internal or External to the Institution?
IRB00000020	Mayo Foundation IRB #1 - IRB - C	I
IRB00000781	National Cancer Inst Central IRB #1 (Adult)	E
IRB00003294	Mayo Foundation IRB #2 - Blue Friday	I

IRB00003295	**Mayo Foundation IRB #3 - Orange Thursday**	**I**
IRB00004296	**National Cancer Inst Central IRB #2 (Pediatric)**	**E**
IRB00005256	**Mayo Foundation IRB #6 - Wednesday**	**I**
IRB00009430	**National Cancer Institute IRB #3**	**E**

7. Human Protections Administrator (e.g., Human Subjects Administrator or Human Subjects Contact Person)

First Name: **Tamiko** Middle Initial: Last Name: **Eto**

Degrees or Suffix: Institutional Title: **Director Research Operations**

Institution: **Mayo Clinic**

Telephone: **507 422-9956** FAX: **507 538-0051** E-Mail: **Eto.Tamiko@mayo.edu**

Address: **Plummer 3**
200 First Street SW

City: **Rochester** State/Province: **MN** Country: **USA**

8. Signatory Official (i.e., Official Legally Authorized to Represent the Institution)

I have read and agree to the Terms of the Federalwide Assurance.

I recognize that providing research investigators, IRB members and staff, and other relevant personnel with appropriate initial and continuing education and training about human subject protections will help ensure that the requirements of this Assurance are satisfied.

Acting officially in an authorized capacity on behalf of this Institution and with an understanding of the Institution's responsibilities under this Assurance, I assure protections for human subjects as specified above. The IRB(s) that this institution relies upon will comply with the Terms of the Federalwide Assurance when reviewing research covered by this Assurance and possess appropriate knowledge of the local context in which this Institution's research will be conducted.

All information provided with this Assurance is up-to-date and accurate. I am aware that false statements could be cause for invalidating this Assurance and may lead to other administrative or legal action.

Signature: **Sally A Brown JD**

Date: **03/20/2025**

First Name: **Sally** Middle Initial: **A** Last Name: **Brown**

Degrees or Suffix: **JD** Institutional Title: **Chief Legal Officer**

Institution: **Mayo Clinic**

Telephone: **507 538-1103** FAX: **507 293-1637** E-Mail: **brown.sally@mayo.edu**

Address: **Mayo 1153E**
200 First Street SW

City: **Rochester** State/Province: **MN** Country: **USA**

9. FWA Approval

The Federalwide Assurance for the Protection of Human Subjects submitted to HHS by the above Institution is hereby approved.

Assurance Number: **FWA00005001** Expiration Date: **03/20/2030**

Signature of HHS Approving Official: **Cecilia Chirinos** Date: **03/20/2025**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0278 . The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance