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

University of Kentucky

IRB Registration #: IRB00000423 U Kentucky IRB #1; IRB00000424 U Kentucky IRB #2; IRB00000977 U Kentucky IRB #3; IRB00005975 U Kentucky IRB #6

Federalwide Assurance (FWA) #, if any: FWA00005295

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

FWA #:_____________________

The Officials signing below agree that ______________ may rely on the designated IRB for review and continuing oversight of its human subjects research described below:

( check one)

(____) This agreement applies to all human subjects research covered by Institution B’s FWA.

(_X__) This agreement is limited to the following specific protocol(s):

Name of Research Project:___________________________________________________

Name of Principal Investigator:_______________________________________________

Sponsor or Funding Agency: ________________ Award Number, if any: _____________

(___ ) Other (describe):________________________________________________________________

The review performed by the designated IRB will meet the human subject protection requirements of Institution B’s OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB’s 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.

Signature of Signatory Official (Institution/Organization A):

_________________________________________________________________________  Date: ___________

Print Full Name:  __Lisa A. Cassis, Ph.D.____ Institutional Title: _Vice President for Research________

Signature of Signatory Official (Institution B):

_________________________________________________________________________  Date: ___________

Print Full Name: __________________________________ Institution Title: __________________________

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