

**Institutional Review Board (IRB)/Independent Ethics Committee (IEC) Authorization Agreement**

**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.

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: \_\_\_\_\_ Institutional Title: \_\_\_\_\_