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

**INSTITUTION A** : Name of Institution or Organization Providing IRB Review : **University of Kansas – Lawrence**

IRB Registration #: 00000292 Federal wide Assurance (FWA) #: FWA00003310

# INSTITUTION B : Name of Institution Relying on the Designated IRB :

**FWA #**:

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

Name of Research Project:

Study Reference No:

Name of Principal Investigator:

Sponsor or Funding Agency:

Award Number, if any:

The review performed by the designated IRB at Institution A will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution 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.

Institution B will provide verification of relevant human subjects training and may refer any conflicts of interests related to the project for all engaged personnel affiliated with Institution B. Engaged personnel of Institution B will abide by the human subjects procedures and data handling instructions as outlined by the IRB protocol approved by Institution A. Institution B will report any new information, non-compliance, or adverse/unanticipated events related to the project to Institution A, via the Institution A PI.

This document must be kept on file by both parties and provided to OHRP upon request.

# INSTITUTION A Signature of Signatory Official:

Date:

Print Full Name: Kathleen Lane, PhD., BCBA-D, CF-L2 Institutional Title: Associate Vice Chancellor of Research

# INSTITUTION B Signature of Signatory Official:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Print Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Institutional Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: **Email**: **FAX**:

# Institution B Address:

**City**: **State: Zip**: **Country**: