

Date: _____

To Those Concerned:

With this letter, I authorize the staff of the University Of Kentucky Office of Research Integrity to sign my name to any correspondence which properly should come from the Chair of the Medical or Nonmedical Institutional Review Board, and which contains material with which I am substantially in concurrence. Principally, this includes letters to investigators requesting protocol revisions or clarifications, and notifications of committee decisions. Other correspondence related to the work of the Board is also included.

Sincerely,

IRB Member_____
Date_____
Printed Name

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