Inter-Institutional Agreements
(with Duke)

**NOTE**
IIAs are initiated by the NIH/OLAW and are a ‘contract’ between the NIH, Company, and Duke for the specific performance of a specific project according to Duke’s PHS Assurance. Duke is fully responsible for all animal activities, outcomes, & care decisions.

1. **Company Submits Proposal to NIH**
   - NIH Program Office likes the proposal and agrees to fund the activity, but recognizes the company does not have an animal research program!

2. **NIH Program Office requests NIH/OLAW initiate an Inter-Institutional Agreement (IIA) between company and PHS-Assured animal research program**

3. **NIH/OLAW sends Company an IIA form for completion.**

4. **Company Completes Section 1 & 2A ONLY! Company sends the IIA to Duke Office of Animal Welfare Assurance (OAWA) through grants office, business manager, or direct.**

5. **Duke PI has previously submitted protocol for IACUC review / approval. OAWA confirms approved protocol .... Or requires one.**

6. **Duke OAWA completes Section 2B and forwards to the Duke Institutional Official for signature.**

7. **Institutional Official signs and returns the IIA to OAWA**

8. **Company monitors works and funds project. Company provides annual reports to OLAW.**

9. **Duke IACUC / OAWA oversee animal care & use on this project. Protocol non-compliances are reported to the NIH/OLAW and the company.**

10. **ANIMAL WORK BEGINS**

11. **NIH/OLAW advises Company and Duke of approved and executed status of IIA**

12. **NIH/OLAW completes Section 3 of IIA**

13. **Company forwards IIA to OLAW**
    - NOTE: OLAW will only accept IIA from company!!!

14. **NIH/OLAW completes Section 3 of IIA**

15. **OAWA confirms completed form, proper signatures, and returns IIA to Company.**
I. Awardee Institution

<table>
<thead>
<tr>
<th>Name of Awardee Institution:</th>
<th>&lt;FILL IN COMPANY NAME&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>(street address, city, state, zip code)</td>
</tr>
<tr>
<td>Project Title:</td>
<td>&lt;FILL IN COMPANY PROJECT TITLE EXACTLY AS FUNDED BY NIH&gt;</td>
</tr>
<tr>
<td>Grant/Contract Number:</td>
<td>&lt;FILL IN GRANT/CONTRACT NUMBER&gt;</td>
</tr>
<tr>
<td>Principal Investigator:</td>
<td>&lt;FILL IN PI ON GRANT ... NOT DUKE PI IF NOT THE SAME AS GRANT&gt;</td>
</tr>
</tbody>
</table>

A. Applicability

This Interinstitutional Assurance between the awardee institution and the Assured institution is applicable to research, research training, and biological testing involving live vertebrate animals supported by the PHS and conducted at the Assured institution.

B. Awardee and Assured Institutional Responsibilities

i. The institutions agree to comply with all applicable provisions of the Animal Welfare Act and other Federal statutes and regulations relating to animals.

ii. The institutions agree to be guided by the U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training and comply with the PHS Policy on Humane Care and Use of Laboratory Animals (Policy).

iii. The institutions acknowledge and accept responsibility for the care and use of animals involved in activities covered by this Assurance. As partial fulfillment of this responsibility, the institutions will make a reasonable effort to ensure that all individuals involved in the care and use of laboratory animals understand their individual and collective responsibilities for compliance with this Assurance, as well as all other applicable laws and regulations pertaining to animal care and use.

iv. The awardee institution acknowledges and accepts the authority of the IACUC of the Assured institution where the animal activity will be performed and agrees to abide by all conditions and determinations as set forth by that IACUC.

Name of Assured Institution: DUKE UNIVERSITY

II. Institutional Endorsement

By signing this document, the authorized official at the awardee institution and the Institutional Official and IACUC Chairperson at the Assured institution (performance site) provide their assurances that the project identified in Part I will be conducted in compliance with the PHS Policy and the Assurance of the Assured institution.

A. Endorsement of Awardee Institution

<table>
<thead>
<tr>
<th>Name of Awardee Institution:</th>
<th>&lt;FILL IN COMPANY NAME&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Official:</td>
<td>&lt;FILL IN NAME OF COMPANY OFFICIAL SIGNING FOR COMPANY&gt;</td>
</tr>
<tr>
<td>Signature:</td>
<td>&lt;SIGNATURE OF COMPANY OFFICIAL&gt;</td>
</tr>
<tr>
<td>Date:</td>
<td>&lt;DATE SIGNED&gt;</td>
</tr>
<tr>
<td>Title:</td>
<td>&lt;FILL IN TITLE OF COMPANY OFFICIAL SIGNING FOR COMPANY&gt;</td>
</tr>
<tr>
<td>Address:</td>
<td>(street address, city, state, zip code)</td>
</tr>
<tr>
<td></td>
<td>&lt;FILL IN ADDRESS OF COMPANY OFFICIAL SIGNING FOR COMPANY&gt;</td>
</tr>
</tbody>
</table>
### DUKE PROCESSING NOTE: DO NOT COMPLETE ANY MORE OF THIS FORM! FORWARD TO IACUC@DUKE.EDU FOR COMPLETION OF SECTIONS 2B!

<Section 2B is completed on this example for educational purposes only>

### B. Endorsement of Assured Institution

<table>
<thead>
<tr>
<th>Name of Assured Institution:</th>
<th>Duke University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Official:</td>
<td>Nancy C. Andrews, MD, PhD</td>
</tr>
<tr>
<td>Signature:</td>
<td>&lt;OAWA will obtain IO Signature after confirmed approved Duke protocol&gt;</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Institutional Official; Dean, School of Medicine</td>
</tr>
</tbody>
</table>
| Address:                      | 125 Davison Building  
                                         Durham, NC 27708 |
| Phone:                        | 919.684.2455     |
| Fax:                          | 919.684.0208     |
| E-mail:                       | nancy.andrews@duke.edu |

**IACUC Chairperson:** Laura Hale, MD, PhD  
**Signature:** <signed by Ron Banks; the Chair does not sign>  
**Date:**  
**Title:** Director, Office of Animal Welfare Assurance, Duke University  
**Address:** (street address, city, state, zip code)  
2424 Erwin Road; Suite 2724  
Durham, NC 27705  
**Phone:** 919.684.4744  
**Fax:** 919.668.6720  
**E-mail:** ron.banks@duke.edu  
**Date of IACUC Approval:** <NOTE: OAWA WILL ENTER THIS INFO BASED ON APPROVED PROTOCOL BY DUKE PI>

### III. PHS Approval (to be completed by OLAW)

<table>
<thead>
<tr>
<th>Signature of OLAW Official:</th>
<th>Date:</th>
</tr>
</thead>
</table>
| Office of Laboratory Animal Welfare (OLAW)  
National Institutes of Health  
6705 Rockledge Drive  
RKL1, Suite 360, MSC 7982  
Bethesda, MD 20892-7982 (express mail zip code 20817)  
Phone: (301) 496-7163  
Fax: (301) 915-9465 | |

**Grant/Contract #:**  
**Animal Welfare Assurance #:**  
**Effective Date:**  
**Expiration Date:** (duration of project, up to 5 years)