**SINGLE IRB QUOTE REQUEST**

Instructions:

* Please fill out this form fully. Please contact Charlie Eibeler or Kevin Nellis if you have any questions.
* Email a copy of the completed form to Charlie Eibeler at WIRB (Ceibeler@wcgclinical.com) and Kevin.Nellis@downstate.edu
* Await a reply from Mr. Eibeler with your quote.

|  |  |
| --- | --- |
| Full Study Title | Click here to enter text. |
| Study Nickname | Click here to enter text. |
| Name of Investigator(s) | Click here to enter text. |
| Number of sites |  |
| Site List*If known, please list sites as they may already have an agreement with WCG* |  |
| Estimated Start Date of Study | Click here to enter text. |
| Number of Informed Consent Forms*Account for a translated version if that will be part of the study* | Click here to enter text. |
| Will there be a PI at each site? | [ ] Yes [ ] No |
| Will translation services be required for your informed consent forms?*Translation costs cannot be provided in advance as they are based on the length of the consent.* | [x] Yes [ ] No |
| How many amendments do you estimate will be needed per year?*Amendments will only be charged if utilized. We recommend including a minimum number of 1 per year and up to 3.* | Click here to enter text. |
| What do you estimate the total years of the study to be? | Rollout: Click here to enter text.Recruitment: Click here to enter text.Data Collection: Click here to enter text.Total - Click here to enter text. |
| Where is the administrative/clinical core site? | Click here to enter text. |
| Where is the data coordination site? | Click here to enter text. |
| Are there any sites that will be exempt from using sIRB (e.g. international sites, VA sites, tribal territory? If yes, how many? | [ ] Yes [ ] NoNumber of Exempt Sites: \_\_\_\_ |

|  |
| --- |
| Person Completing This Form |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Email | Click here to enter text. |
| Phone Number | Click here to enter text. |