* Click each **[Text Entry Field Box]** and replace it with your text.
* If submitting electronically, submit as a Word Document (not a PDF).
* Submit this form to the UAB OIRB along with protocol submission documents.

|  |  |
| --- | --- |
| **1.** | **Investigator:** |
|  | Name: |       |
|  | Phone Number: |       |
|  | Email |       |
|  |
| **2.** | **UAB Billing Contact:** |
|  | Name: |       |
|  | Phone Number: |       |
|  | Email |       |
|  |
| **3.** | **UAB IRB Protocol Title:** |       |
|  |
| **4.** | **Sponsor (Company) Name:** |       |
|  |
| **5.** | **Sponsor’s Protocol Number:** |       |

|  |
| --- |
|   |
| FOR OFFICE USE ONLY |
| IRB Protocol Number: |       |  |  |
|  |
| Fee: | [ ]  | $1,500 | IRB Authorization Agreement/UAB IRB of Record Fee (Initial Review) |
|  | [ ]  | $1,000 | IRB Authorization Agreement/UAB IRB of Record Fee (Continuing Review) |
|  | [ ]  | $4,500 | UAB Study Management Fee - review by outside IRB or expedited review by UAB IRB  |  |
|  | [ ]  | $5,500 | UAB Study Management Fee – convened review by UAB IRB |  |
|  |
| Dates: | 1st Invoice |       | 3rd Invoice: |       |
|  | 2nd Invoice |       | 4th Invoice: |       |
|  |