* 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: | |  | |
|  | | | | | | | | | |