SINGLE IRB QUOTE REQUEST

Instructions:

- ✓ Please fill out this form fully.
- ✓ Email a copy of the completed form to Bob Tammaro at WIRB (btammaro@wcgclinical.com).
- ✓ Copy the FSU IRB coordinator assigned to your RAMP IRB submission (check **here** for contact information)
- ✓ Await a reply from Mr. Tammaro 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 and marketing materials that would need to be reviewed by the IRB*	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.*	☐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. Changes to research staff are NOT amendments.*	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.

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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 ☐No Number 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.