



### SINGLE IRB QUOTE REQUEST

- Instructions:
- ✓ Fill out this form fully and email to Bob Tammaro at WIRB ([btammaro@wgcclinical.com](mailto:btammaro@wgcclinical.com)).
  - ✓ CC the Emory IRB Reliance Listserv ([IRB-RELIANCE@LISTSERV.CC.EMORY.EDU](mailto:IRB-RELIANCE@LISTSERV.CC.EMORY.EDU)) and your OSP contact on your email.
  - ✓ Await a reply from Mr. Tammaro with your quote.
  - ✓ Follow up with Mr. Tammaro to let him know whether you have received funding.

Please remember that this quote is based on the assumptions provided, and Emory will only be billed for the services that are rendered.

Full Study Title	
Study Nickname	
Name of Emory Investigator	
Estimated Start Date of Study	
Number of Sites	
Number of Different Informed Consent Forms	
Will there be a PI at each site?	Yes No
Will translation services be required for your informed consent forms? <i>*Translation costs cannot be provided in advance as they are based on the length of the consent. This will be an extra charge.</i>	Yes No
How many amendments do you estimate will be needed per year? <i>*Amendments will only be charged if utilized. We recommend including a minimum number of 1 per year and up to 3.</i>	<i>*Quote will reflect this number of amendments multiplied by number of sites.</i>
What do you estimate the total years of the study to be?	Rollout: Recruitment: Data Collection: Total -
Where is the administrative/clinical core site?	
Where is the data coordination site?	
Are there any sites that will be exempt from using sIRB (e.g. international sites, VA sites, tribal territory)? If yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No  Number of Exempt Sites: ____
Please list ALL of the sites:	

Person Completing This Form	
Name	
Title	
Email	
Phone Number	