

REQUEST for REGULATORY SERVICES
Office of Vice Provost for Research – Clinical Research

Principal Investigator: _____ **Dept:** _____

Study Name: _____

Sub-investigator(s): _____

Study Sponsor:* _____

Coordinator: _____ **contact #** _____ **fax:** _____

Secretary: _____ **contact #** _____ **fax:** _____

REGULATORY SERVICES REQUESTED:

_____ **Draft of IRB submission (includes consent and regulatory document preparation): charge to account \$650.***

_____ **Draft of IND submission (FDA): charge to account \$650.***

*** If study is sponsored and currently under negotiation, the fee will be built into your study budget**

*** If study is open, or without funding, please provide an account number for this charge; no regulatory work can be done until account # provided:**

As Principal Investigator for the above named study, I understand that:

- **I remain the responsible party for the content of all regulatory submissions**
- **if study does not move forward, I will still be responsible for charges for work that has been completed**

_____ **Date** _____
PI Signature

_____ **Date** _____
OCR Director Signature

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