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:

o I remain the responsible party for the content of all regulatory submissions

o 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

Sheila B. Noone, Ph.D. – Asst Vice Provost for Clinical Research @ x65015
Donna Christian, M.A. – Regulatory Specialist @ x62828