**IWK Health**

**REB Fee**

**Requisition for Ethics Review - Industry Sponsored Research**

Complete all areas and submit to [joanne.street@iwk.nshealth.ca](mailto:joanne.street@iwk.nshealth.ca).

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| --- | --- | --- | --- |
| **Study Information** | | | |
| Principal Investigator:  Phone #: | Coordinator:  Phone #: | | |
| Project Title: | | | |
|  | | Protocol #: | |
| **Billing Information**  List Company, Agency or Research Group to be billed below. Net 30 days. **NOTE:** Recipient of invoice is responsible for payment in full regardless of contract status or completion. | | | |
| Company, Agency or Research Group:  Research Group Authorizing Name: Signature: | | | |
| Contact person: | E:mail address: | | |
| Phone #: | Fax #: | | |
| Full Mailing Address: |  | | |
| City: | Province/State: | | Postal/Zip Code: |

For Research & Innovation Advancement use only:

|  |  |  |
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| Review Date: | Invoice Date: | Payment Received: |
| Comment: | | |
| Project #: | | |

**Please note that this charge applies to Full or Expedited ethics review for research sponsored by Industry or For-Profit Organizations.**