**IWK Health**

**REB Fee**

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

Complete all areas and submit to 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.  |
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| Contact person: | E:mail address: |
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For Research & Innovation Advancement use only:

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| Review Date: | Invoice Date: | Payment Received: |
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**Please note that this charge applies to Full or Expedited ethics review for research sponsored by Industry or For-Profit Organizations.**