

Requisition for Ethics Review Industry (For-Profit) Sponsored Research

Complete all areas and submit to researchethicsIWK@iwk.nshealth.ca.

ROMEO #:		
Applicable Review Type (check one):		
Initial Review (\$4000)	Annual Renewal (\$50	0) Amendment Review (\$250)
Study Information		
Principal Investigator:		Phone #:
Email:		
Coordinator:		Phone #:
Email:		
Project Title:		
Protocol #:		
Submitted By:		
Signature:		
Billing Information		
<u>Terms</u> : Net 30 days. <u>Note</u> : Charges apply to Full or Expedited reviews. Recipient of invoice is responsible for payment in full regardless of contract status or completion.		
Invoice to:		
Contact person:	E	mail address:
Phone #:	F	ax # (if applicable):
Full Mailing Address		
Street:		City:
Province/State:	Country:	Postal/Zip Code: