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| **General Information** |
| Name of Organization | [Click and Insert Name] |
| Protocol Number | [Click and Insert Number] |
| Protocol Title | [Click and Insert Title] |
| Has Advarra been selected as the IRB of record for this study at this time? | [ ]  Yes [ ]  No |
| Is this study federally funded? | [ ]  Yes [ ]  No |
| **Site Information** |
| How many U.S. sites/Principal Investigators (PIs) will rely on Advarra? | [Click and Insert Number] |
| How many Canadian sites will rely on Advarra? | [Click and Insert Number] |
| **Additional Information** |
| Estimated Initial IRB Submission Date | [Click and Insert Date] |
| Estimated Study Closure Date | [Click and Insert Date] |
| How many Informed Consent Forms (ICFs) will be submitted? | [Click and Insert Number] |
| How many protocol amendments impacting ICFs do you anticipate? | [Click and Insert Number] |
| How many protocol amendments without ICF changes do you anticipate? | [Click and Insert Number] |
| How many study-related materials (recruitment, subject-facing items, product safety information) do you anticipate? | [Click and Insert Number] |
| How many items will require translation? | [Click and Insert Number] |
| How many sites will require translations? | [Click and Insert Number] |
| Will you utilize Advarra’s vendor for translations? | [ ]  Yes [ ]  No |
| **Other** |
| Please indicate your interest in additional services from Advarra. | [ ]  ICF Development[ ]  Protocol Development [ ]  IRB Advisory Review[ ]  Budget Negotiation [ ]  Staff Augmentation[ ]  Coverage Analysis[ ]  Site Technology Solutions  |