Colquitt Regional Medical Center IRB Fee Schedule\*

*All Fees Are Subject to Change without Notice All Fees are Nonrefundable*

# Initial Review

Full Board Review …………………………………………………………………..………………….…………...… $2,000.00 Protocol Review

Informed Consent Form Investigator’s Brochure FDA Form 1572

Principal Investigator Credentials Advertisements, if any

Expedited Review …………………………………………………………………………………………………….... $1,000.00

# Continuing Review

Annual Review …………………………………………………………………….…………………………………….. $1,000.00 Protocol Review

Informed Consent Form Amendments

AE and SAE reports Interim Reports Advertisements, if any

# Additional Reviews

Change to Informed Consent Form …………………………………………………….………………………… $500.00

Protocol Amendment …………………………………………………………………….………………………….… $500.00 Full review, including consent changes

IND Safety Reports (each) ……………………………………………………………….……………………………. $100.00 SAE reports (each) ………………………………….…………………………………………………………………….. $50.00 Advertisement after initial or annual review ………………………………..………………………………... $50.00

\*Exceptions to these fees may be approved by the IRB Administrator with proper justification.