## **IRB** Administration

OFFICE OF RESEARCH, University of California, Davis
IRB Admin, CTSC Building
2921 Stockton Blvd., Ste. 1400, Rm 1429, Sacramento, CA 95817
https://irb.ucdavis.edu/



IRB ADMINISTRATION RELIANCE FEE FORM

## INSTRUCTIONS:

Please indicate the fee to be charged, complete Sections 1-4, as applicable, and submit the completed form with the application for review via IRBNet. This form should be used for each initial review and continuing review submission for studies as indicated in the <u>IRB fee schedule</u>. This form is not required for modification or reportable new information (RNI) submissions. NIH K awards are excluded from fees

review submission for studi or reportable new informati					s not required for modification from fees.		
			OF RECORD				
Fees	for Non-I	ndustry Sponsored,	Funded/RFP due	Befo	re 1/31/21		
INITIAL REVIEW					CONTINUING REVIEW		
Existing Agreemen	t	No Existing Agreement			All Agreements		
☐ Other UC Campus \$ ☐ Non-UC Institution \$		☐ Other UC Ca ☐ Non-UC Inst	•		☐ Other UC Campus \$ 800 ☐ Non-UC Institution \$ 1,070		
Fees		Industry Sponsored try Sponsored, Relia					
INITIAL REVIEW					CONTINUING REVIEW		
☐ Other UC Campus \$2,224			☐ Other UC Campus \$1,211				
□ Non-UC Institution \$2,974 □ Non-UC Institution \$1,620							
EXTERNAL IRB OF RECORD							
Fees for Industry Sponsored, Reliance Initiated After 6/30/20							
INITIAL REVIEW							
☐ Other UC Campus \$2,500 ☐ Non-UC Institution \$3,343							
1. STUDY INFORMATION Sponsor Protocol #:							
Title of the Study:				CORE IRBNet # (if available):			
2. UC DAVIS INFORMAT	ΓΙΟΝ						
UC Davis PI Name:	Pl's Uni	versity Position:	PI Phone:	PI	PI Email:		
Department/Division:	UC Davi	is Contact Name:	Contact Phone	Phone: Contact Email:			
Financial Contact Name:		Financial Contact	Phone:	Finan	inancial Contact Email:		
3. FUNDER INFORMATI	ON						
If a UC Davis account should be billed for review fees, please provide the following information:							
Aggie Enterprise Recharge	COA:						
If an institution or sponsor s	should be	billed for review fee	es, please provide	the fo	llowing information:		
Institution/Sponsor Name:							
Federal Employee ID Number:							
Institution/Sponsor Contact							

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Name & Title:			
Mailing Address:			
City, State, Zip Code:			
Contact's Email:			
Phone Number:		Fax Number:	
4. RELYING INSTITUTION	INFC	DRMATION ☐ N/A UC Davis	IRB not reviewing for external sites
Institution Name:			
Site Principal Investigator:			
Site IRBNet #:			
OFFICE OF RESEARCH US	SE OI	NLY	
☐ New Protocol – UC Campus		☐ Annual Renewal – UC Campus	Notes:
☐ New Protocol – Non-UC Institution		☐ Annual Renewal – Non-UC Institution	
☐ External IRB – UC Campus		☐ External IRB – Non-UC Institution	