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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 |