REB REVIEW FEE

The REB review fee applies to research that receives its funding wholly or in part from an industry sponsor (i.e. pharmaceutical/biotech/medical devices company) or other for-profit organization. The review fee is for the review of the application by the CHREB. The fee covers the initial ethics review of a Protocol and all subsequent REB activities such as amendments, annual renewals, and ongoing monitoring.

The fee is payable regardless of the outcome of the review or contract status (this includes withdrawing the application after review by the REB has commenced).

The REB Service(s) Fee page will trigger when "Contract" is chosen as the type of funding on the Funding Information page.

The REB Service(s) Fee page will auto-populate with the study title, PI's name, email, and phone number, and the Primary Contact's name, email, phone number and other important information required for the invoice like protocol number. If any of this information is incorrect, please correct it in the application

1. Choose the department that is relevant to the research project. Normally this will be the Department of the PI ; for PIs with a dual appointment to different departments (e.g. Pediatrics and Medicine), choose the department the research project falls under.

REB Service(s) Fee

The REB review fee applies to research that receives its funding wholly or in part from an industry sponsor (i.e. pharmaceutical/biotech/medical devices company) or other for-profit organization. **The re** **and is payable after the REB reviews your Protocol.** The fee covers the initial ethics review of a Protocol and all subsequent REB activities such as amendments, annual renewals, and ongoing mor

The fee is payable regardless of the outcome of the review or contract status (this includes withdrawing the application after review by the REB has commenced).

Short study title:	Short title		
Protocol Number:		**Registration Number:**	
Principal Investigator:	Marcello Tonelli **Department:** Department of Medicine **Faculty:** Faculty of Medicine	4032106930	cello@ucalgary.ca
Primary Admin Contact:	Linda Longpre	+1 (403) 220-6470	linda.longpre@ucalgary.ca
Funding Agency/Sponsor	**Funding ID**	**Funding Title**	
Pfizer Canada, Inc.	1245	test	

1.0   Enter the department relevant to this research project: ❓

Department:

[   ] [...]

2. Select Invoice amount.
    a. The standard REB fee is $5000
    b. 'Other' is chosen when the criteria for the $2500 fee applies or it is felt a waiver should be granted.

2.0   Select invoice amount: ❓

● $5,000

○ Other

Clear

    c. When other is chosen, the applicant must choose Reduced Fee or Waiver. A reduced fee can only be requested if the total overall budget for the study is $10,000 or less. If this option is applicable, the applicant will add $2,500 as the amount.

2.0   Select invoice amount: ❓

○ $5,000

● Other

Clear

By selecting Other you are requesting a reduced fee or waiver that must meet one of the following criteria:

1. Tri-Agency partnership grants involving matching funds from an industry partner
2. Projects with a budget of **$10,000.00 or less**

2.1 I am requesting:

● Reduced fee

○ Waiver

Clear

2.2 Enter amount: 2500.00

d. If a waiver is felt to be appropriate, select 'Waiver' and provide the rationale for why the REB should waive the review fee.

e. Once amount is chosen, the method of payment is requested.

3. **Select Method of Payment**

a. **Inter-Departmental Billing (IDB)** is chosen when the PI asks to have the fee taken from their project account.

b. **Invoice Request Form (IRF)** is chosen when the PI wishes that RSO directly invoice the Sponsor.

If **IDB** is selected, provide the relevant project account information (Fund, Dept ID, Project Account and if known, the Activity Code)

> **Note**: this information can be found in eFIN or by contacting Finance.

Inter-Departmental Billing (IDB)	
Fund:	
Dept. ID:	
Project Account:	
Activity Code:	

Marcello Tonelli authorizes Research Services Office (RSO) to transfer payment from the above-named University of Calgary project account, to the RSO account, for the Ethics Board Review Fee.

○ Yes ○ No Clear

Once the information is entered, the PI is asked to authorize the transfer by checking yes to the final question.

If **Invoice Request Form** is selected:

    a. provide the relevant Sponsor and CRO Information.

3.0 Select Method of Payment: ❓
○ Inter-Departmental Billing (IDB)

● Invoice Request Form (IRF)

Clear

3.1 What organization is responsible for paying the REB fee?
○ Sponsor

● Contract Research Organization (CRO)

Clear

b. provide the invoice information listed in the contract to ensure the REB fee is sent to the right location.

c. Indicate if the invoice should be sent to the Sponsor or the CRO.

Note: If there are special instructions, you can add them to the Comments box at the bottom of the page.

Sponsor Information
(Sponsor Information for Invoice Creation)

Sponsor's Name	[ ] ...
Contract Research Organization (if applicable):	[ ]
Contact Name:	[ ]
Contact Phone:	[ ]
Accounts Payable Email:	[ ]
Site ID: (sponsor assigned ID)	[ ]

Address for Invoice
(Use the address as listed in the contract)

Street Address:	[ ]
City:	[ ]
Province/State:	[▼]
Postal Code/Zip Code:	[ ]

Marcello Tonelli , hereby authorizes Research Services Office (RSO) to process and collect the Ethics Board Review Fee for this protocol.
○ Yes ○ No Clear

Comments *(please provide any additional instructions (for example, payment terms or invoice CC information)):*
[ ]

d. Once the information is entered, the PI is asked to authorize the transfer by checking yes to the final question.