

UNIVERSITY AT BUFFALO
Clinical Research Office

Authorization of Fee Collection for IRB Review of a Commercially Sponsored Research Protocol

From (PI): _____ Date: _____

Please Sign: _____

For all **new** commercially sponsored studies reviewed starting **April 1, 2011**:

- The initial review fee is **\$3,000** (full board and expedited).
- The continuing review fee is **\$1,000** (full board and expedited).

This authorization form accompanies my commercially sponsored protocol entitled:

The study is sponsored by: _____

The sponsor has assigned the following identification number to the protocol: _____

Please indicate which of the following applies to this submission:

_____ **Initial Review**

_____ **Continuing review**

My signature above indicates that I have notified the study sponsor and the sponsor has agreed to pay these IRB review fees. The sponsor understands that payment of the fee is not contingent on whether the study is approved or whether the study is funded.

This memorandum serves as authorization for the Research Foundation of SUNY, which administers funds that support the UB Human Subjects Protection Program, to invoice the sponsor or the fiscal agent in receipt of the research grant for payment of the IRB review fee.

*Checks should be made out to **The Research Foundation of SUNY** and sent to:*

Clinical and Translational Research Center
Office of Research Compliance
Attn: Valerie Bailoni,
875 Ellicott St., Room 5018, Buffalo, NY 14203

Please provide below the information needed to collect the fee from the sponsor:

Sponsor Name: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

I understand that should the sponsor fail to pay the IRB review fee within the period of IRB approval, the IRB is not obligated to perform continuing reviews of the protocol nor to review any additional protocols from this sponsor for studies under my direction.