Please fill out the below form with the information you would like Advarra to use to develop an estimate for the study. Field in red are required to develop the estimate.

|  |  |
| --- | --- |
| Company Information | |
| Name of Organization |  |
| Is this trial federally funded? | Yes  No |
| Protocol Number |  |
| Protocol Title |  |
| Therapeutic Area |  |
| Site Information | |
| How many Principal Investigators (PIs) are involved in this trial? |  |
| List of Sites | *Please provide a list of sites anticipated on the study.* |
| How many Canadian sites will rely on Advarra? | Click to enter the number of Canadian Sites  *Advarra can provide streamlined reviews for cross-border studies. Ask your Business Development representative.* |
| Study Duration & Materials | |
| Estimated Submission Date | Date expected to submit to the IRB. |
| What is the estimated duration of the study in months?  First Subject In  Last Subject Out | # of Expected Months for Study Duration.  First Subject In (expected)  Last Subject Out (expected) |
| Translations | |
| Are you interested in Advarra’s Translations services? | Yes  No  \**If yes, Advarra’s Business Development representative will follow up with you.* |
| Other | |
| Is this study being bid on by other IRBs? | Yes  No |
| Is there anything else you would like Advarra to consider in our assumptions? |  |