

The Medical Center, Navicent Health

TMCNH Use: Hospital Protocol #: _____
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Institutional Review Board Fee Form

Title of Project: Danger Signs of Worsening Heart Failure and Self-Management of Danger Signs: The Effects of Video Education

Principal Investigator: Erskine James, MD

Name of Sponsor: Cleveland Clinic

1. Check the applicable category for the proposed study:

Check Below	Type of Review and Associated Fees
<div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">_____</div>	New Protocol Review: includes initial review, amendments, SAE, and other reports during the first year. <ul style="list-style-type: none"> \$1000 for New Protocol Review -- Industry or other State/National/International funding \$250 for New Protocol review -- locally (non-industrial) funded trials and non-funded trials
<div style="margin-bottom: 10px;">_____</div>	Expedited Reviews: <ul style="list-style-type: none"> \$500 -- Any Expedited Review -- for new protocols, the above initial review fees will be added.
Annual Renewal Reviews: includes review of renewal data, amendments, SAE, and other reports for the next year. (to be paid at the time of renewal) <ul style="list-style-type: none"> \$500 -- Annual Renewal -- Industry or other State/National/International funding \$100 -- Annual Renewal -- locally (non-industrial) funded trials and non-funded trials 	

2. Attach a check for the appropriate amount to this form and your completed IRB Application. If it is not possible to attach a check to this form, please indicate in the space below the name and address of the party to be billed.

Make Checks Payable to : Medical Center of Central Georgia Institutional Review Board 777 Hemlock Street, HB 113 Macon, Georgia 31208-6000	OR	Party to be billed for payment (please print or type) Name: _____ Address: _____ _____ _____ Telephone: _____ Fax: _____
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3. If the proposed study has a **not-for-profit sponsor** or if there are special circumstances for consideration, you may request a reduction or waiver of fees. **Please attach an explanation to this form**

Do you request a reduction or waiver of IRB fees? X Yes

If you request a reduction or waiver of IRB fees, the IRB staff will notify you prior to the IRB meeting date if you request has **not** been approved. If it is not approved, see step 2 above for payment instructions.

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Fee waiver is requested as the study is not funded by any source. This is a minimal risk study for a limited number of sites and a relatively small sample size.