

Sparrow Health System
INSTITUTIONAL RESEARCH REVIEW COMMITTEE

INSTITUTIONAL REVIEW BOARD FEE
INVOICE

INVOICE # _____

Principal Investigator: _____
Address: _____
Protocol Title: _____
IRB Protocol Number: _____
Sponsor: _____

TYPE OF REVIEW: (Full Board)
[] Initial \$1,500
[] Renewal \$ 500
[] Amendment \$ 500
TOTAL DUE: _____

Terms: Net 30 Days

REMIT PAYMENT TO:
Sparrow Hospital
IRRC/Research (#8041)
1215 East Michigan
P.O. Box 30480
Lansing, MI 48909-7980

CONTACT INFORMATION
Institutional Research Review Committee
1215 East Michigan
P.O. Box 30480
Lansing, MI 48909-7980
Phone: 517-364-2150
Fax: 517-364-2763
E-mail: irrc@sparrow.org

Make checks payable to: Sparrow Hospital
(please include the IRB Protocol Number on
your check.)

Sparrow Hospital Federal ID number: 38-1360584

* * * * *

(FOR IRB USE ONLY)

To the Investigator:

Date Payment Received: []
Amount of Payment Received: []
Date of IRB Review: []

To Accounting:
Please Deposit to the Following Account: _____