Washington State IRB Institutional Review Board

Study #
Date:

WSIRB REVIEW SERVICE FEE WORKSHEET

Principal Investigator: Click to enter text

PI Affiliation: Select or Type

Sponsor:

	Review Service Requested	Fee
	Consultation prior to submission to the WSIRB	No charge
☐	**New application**, full committee (includes first continuation review)	$3,000
☐	**New application**, expedited (includes first continuation review)	2,000
☐	**Continuation review**, full committee*	1,000
☐	**Continuation review**, expedited*	800
☐	**Study Amendment Request**, full committee	500
☐	**Study Amendment Request**, expedited	250
	Study Amendment Request, minor administrative changes *only*	No charge
	Unanticipated Problem involving Risk to Subjects or Others	No charge
	Protocol Deviation	No charge
	Non-Compliance	No charge
☐	**Study closure**, full committee	800
☐	**Study closure**, expedited	500
☐	**Confidentiality Agreement**	1,000
☐	**Exempt Determination Request**	750
TOTAL:		

SAMPLE

Payment is due upon receipt of this worksheet. Credit card and other electronic payments cannot be accepted. Checks will be accepted from the investigator's institution, funding organization or by cashier's check.

Make checks payable to: "DSHS Human Research Review Section"

Mail the check and this worksheet to:

DSHS Human Research Review Section
c/o Fiscal Analyst
DSHS Research and Data Analysis Division
PO Box 45204
Olympia, WA. 98504-5204

Allow 2-3 weeks for processing of your payment. You will receive a confirmation email when payment has been processed and your submission has entered the queue for WSIRB review.