

**CHS CIRB Fee Invoice** Initial Review \$2,000 Continuing Review \$500**Instructions**

This form must accompany any research study submitted for review to the CHS CIRB. The Principle Investigator and/or Clinical Research Coordinator should include the payment of the fee during their assessment of the cost to conduct the research and contract negotiations prior to submitting the study for IRB review.

Today's Date:

Date of Original Approval: *(applies only to renewals)*

Principal Investigator:

Protocol Title:

Sponsor:

Make checks payable to: Community Hospital  
Enter "CHS CIRB fee" and "Study Title"  
in the memo line

Send to:  
Office of IRB/Bio-Ethics  
Community Hospital  
901 MacArthur Boulevard  
Munster, IN 46321  
Attn: Jana L. Lacera

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