



Industry Sponsored Clinical Study

Please complete the information below and submit as part of the IBC submission (study document) in the electronic system (spartaibc.case.edu).

PI:		
Study Title:		
Sponsor:	Study contact name phone/email:	
CRO:	Study contact name phone/email:	
Billing Contact for Sponsor/CRO:		
Alternate Billing Contact, if applicable:		
Has IBC fee schedule been provided to Sponsor?	Yes	No
<u>Estimated Dates (assists with scheduling meetings):</u>		
• IRB submission		
• Enrollment Initiation		
• Study End		

Additional Information: