



Mercy Medical Center  
Institutional Review Committee  
Study Sponsor Information Sheet

Date:

Sponsor Contact Name:

Sponsor Contact Address:

Sponsor Phone Number:

Name of Study:

\$2,000.00

Any Commercial Sponsor Study. Charges are for:

- Initial IRB Review & Approval
- Renewals and Addendums
- Correspondence & File Maintenance
- Pharmacy Input and Services
- Study Material Storage
- Accountability, Dispensing & Information of Drug/ Device

\$500.00

Any Phase IV, Registry, HDE/IND/IDE Exempt Trials. Charges for:

- Initial IRB Review & Approval
- Renewals & Addendums
- Correspondence & File Maintenance

Fee Waived

Any Compassionate Use, NIH study, or Investigator Initiated Trial

Please include the protocol name and number with all payments.

**Make Checks Payable and Send To:**  
**Mercy Medical Center – Des Moines**  
**Attn: Dee Burns**  
**Medical Staff Operations**  
**1111 6<sup>th</sup> Avenue**  
**Des Moines, IA 50314**  
**(515) 247-3985**  
**Federal Tax ID Number: 420680448**