

# COVERAGE ANALYSIS ROUTING FORM

( A Coverage Analysis Must Be Done Before IRB Submission )

Please fill out and check appropriate box:

Coverage Analysis: You Must Submit The Following

- Protocol
- Contract
- Informed Consent
- Budget

NOTE: Draft documents are acceptable.

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ORA#:

PI:

Department

Study Name:

Sponsor: \_\_\_\_\_

Signature of person submitting: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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Questions for the Coverage Analysis

- ✍ Will there be any billing to a third party person for this study?      Yes\_\_\_ No\_\_\_
- ✍ Is the sponsor covering all items and or services required for the conduct of this study?      Yes\_\_\_ No\_\_\_
- ✍ Does this study have an IDE# ?      Yes\_\_\_ No\_\_\_