



**Request for Study Assumptions**

Sponsor	AstraZeneca
CRO (if applicable)	
Sponsor Protocol Number	
Therapeutic Area / Indication	
Expected Date of Initial IRB Submission	
Will this study require IRB+ (expedited processing for all submissions)	
Duration of Study (Months)	
Total Number of US Sites (Including sites not utilizing WCG)	
Anticipated Number of US Institution / Academic Sites to rely on WCG	
Anticipated Number of US Private / Independent Sites to rely on WCG	
Total Number of Canadian Sites (if applicable)	
Number of Study Level ICFs	
Anticipated number of Amendments (w/ revision to ICF)	
Anticipated number of Amendments (w/o revision to ICF)	
Number of Revised Study Level ICFs	
Number of Study Materials not included in the initial submission	
Number of Translated Documents not included in the initial submission	