INDUSTRY SPONSORED CLINICAL TRIAL BUDGET CHECKLIST

Clinical Activities
Obtain research and regular rates for:
_____ Each clinical procedure
_____ Outpatient clinic room
_____ Laboratory fees
_____ Central lab
_____ Overnight shipping
_____ Pharmacy charges
_____ Inpatient room
_____ Radiology

Personnel
Estimate number of hours or give fee:
_____ Physician
_____ Coordinator
_____ Technical
_____ Clerical

Subject Payment
Define amounts and times for:
_____ Indirect cost
_____ Other overhead

Study Budget Checklist
Subject Costs
_____ Cost per subject x Maximum number of subjects
_____ Cost per screened subject x Maximum number of screened, but not enrolled
_____ Cost per dropped subject x Maximum number of dropped subjects
_____ Bonus x Number of subjects qualifying

Study Charges – Upfront Costs
_____ IRB preparation fee ($1,000)
_____ Capital equipment (include cost of maintenance, if applicable)
_____ Sub-contracts
_____ Record storage charges
_____ Advertisement(s)
_____ Special supplies
_____ Training costs
_____ Source document preparation

Management Charges
_____ Pharmacy charges (storage and preparation of drug)
_____ Monitor visits (coordinator time)
_____ Post-study coordinator charges
_____ Protocol amendments
_____ Physician fee (salary and benefits)
_____ Coordinator fee (salary and benefits)
_____ Administrative Assistant fee
_____ Technical fee
_____ Research Administrator
_____ SAE processing
_____ Annual CHR review ($200/year)

Administrative Charges
_____ Indirect costs on study charges _____%
_____ Cancellation fee