

# PRE-CLINICAL TRIAL COST AGREEMENT

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, on behalf of its San Francisco campus (hereinafter "Institution"), with offices at 185 Berry Street, Suite 4603, San Francisco, CA 94107, and \_\_\_\_\_, a \_\_\_\_\_ corporation (hereinafter "Sponsor"), with offices at \_\_\_\_\_, agree that Institution anticipates performing for Sponsor a clinical study entitled, " \_\_\_\_\_ " Protocol # \_\_\_\_\_ (hereinafter the "Study"). Based on this anticipation, Sponsor agrees to pay Institution for non-refundable start-up costs ("Pre-Study Costs") as follows:

## NON-REFUNDABLE PAYMENT

Sponsor shall pay Institution a non-refundable payment of \$8,000 for Pre-Study Costs (inclusive of indirect costs at 22%). Pre-Study Costs include, but are not limited to:

- Institution's protocol review and summary report
- Institution's Institutional Review Board (IRB) preparation and application
  - Study consent forms review and submission
  - HIPAA Compliance
- Institution's budget analysis and preparation
- Institution's training of staff and ancillary departments involved in the Study
- Institution's travel and attendance at the Investigator's Meeting
- Principal Investigator's time with company representatives regarding the Study
- IRB Review Fee

Payment will be made to "The Regents of the University of California." The Institution's tax identification number is 94-6036493. Checks should reference the Principal Investigator's name. Payment should be sent to:

UC Accounting – Extramural Funding  
University of California, San Francisco  
1855 Folsom Street, Room 425, Campus Mail Box 0815  
San Francisco, CA 94103  
Attn: [Insert PI Last Name] – [Insert Protocol #]

**NOTHING CONTAINED IN THIS AGREEMENT SHALL BE DEEMED TO GRANT EITHER DIRECTLY OR BY IMPLICATION, ESTOPPEL, OR OTHERWISE ANY AUTHORIZATION TO BEGIN THE STUDY. THIS AGREEMENT IS ONLY FOR THE PURPOSE OF SPONSOR PROVIDING PRE-STUDY COSTS.**

The below parties signing this Agreement have authority to enter into Agreement for their respective entities.

**The Regents of the University of California**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Sponsor**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

*PRINCIPAL INVESTIGATOR acknowledges and agrees to adhere to the terms of this Agreement and is aware that this Agreement does not authorize the conduction of the Study.*

By: \_\_\_\_\_  
Principal Investigator: \_\_\_\_\_  
Date: \_\_\_\_\_