CLINICAL RESEARCH PROTOCOL ANALYSIS FORM

SPACE RESERVED FOR RGA PROPOSAL INFO LAE

P.I. Name (Please Print) _____

CONTACT PERSON

Name _____ Phone # _____

Pager # _____ E-mail _____

SPONSOR INFORMATION Protocol Author: Company _____ P.I. _____ Other (specify) _____

Company Protocol # _____

Protocol Title _____

FINANCIAL INFORMATION

Subjects Contracted to be Enrolled at MCO: _____ Dollars per Subject: $ _____

Total Direct Costs: $ _____ (TDC) F&A Costs (@ 25% of TDC): $ _____ Total Contracted Amount $ (Must Equal Dollars/Subject X # Subject

STUDY COSTS

STUDY PERSONNEL

Name	SSN	Total MCO Salary	% Effort	Study Salary (MCO Sal. X % Effort)	Study Fringes* (Study Sal. X FB Rate)

TOTAL PERSONNEL

PROCEDURE / TEST INFORMATION

PROTOCOL-INDUCED PROCEDURES / TESTS TO BE CHARGED TO GRANT

Name/Description of Procedure/Test	CPT Code	# Routine Care	# Protocol-Induced**	Charge Component	Research Cost Per Procedure	
				Lab/Hospital		
				Physician***		
				Lab/Hospital		
				Physician***		
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				Physician***		

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TOTAL OF REVERSE SIDE

TOTAL STUDY COST

(SEE REVERSE SIDE FOR ADDITIONAL SPACE TO ENTER STUDY COSTS)

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* FRINGE BENEFIT RATES: Faculty & Contract Personnel - 25.0% Hourly Personnel - 25.0%

* Discounted Price - MCO Hospital Administration has approved discounts on services provided for research

** Protocol-Induced means procedures / tests the patient would NOT have received, were they not a study subject. These would NOT be required as a part of Routine THE GRANT/CONTRACT ACCOUNT MUST BE THE PRIMARY PAYOR FOR PROTOCOL-INDUCED PROCEDURES / TESTS

*** Physician Component refers to charges for regular services by physicians NOT directly involved in the research project (e.g., Radiology interpretation of an X-Ray)

P.I. Signature_____ Date _____

PROCEDURE / TEST INFORMATION (Continued)

Name/Description of Procedure/Test	CPT Code	# Routine Care	# Protocol-Induced**	Charge Component	Research Cost Per Procedure	
					PROTOCOL-INDUCED PROCEDURES / TESTS TO BE CHARGED TO GRANT	
				Lab/Hospital		
				Physician***		
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OTHER PROTOCOL-INDUCED COSTS (ITEMIZE)

ITEM	# Units	Unit Cost

TOTAL OF THIS PAGE

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*** Physician Component refers to charges for regular services by physicians NOT directly involved in the research project (e.g., Radiology interpretation of an X-Ray)

BEL

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Compensation From Grant
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Prot-Induced Cost
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e Care.

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Prot-Induced Cost

Total Cost
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