

BUDGET WORKSHEET

Name of study:							Form date 5/21/07
Est. # of Subjects							

SECTION 1: ONE-TIME START UP FEES

Study Activity	Activity Details	Total Number of Hours	Dollars per Hour	Projected Expense	Expected Revenue
Regulatory	Initial CHS CIRB preparation by Clinical Research Coordinator		\$80.00	\$0.00	
Budget/Contract	Budget/Contract Negotiation		\$80.00	\$0.00	
PI Administrative	PI Project Oversight		\$200.00	\$0.00	
Legal	Legal Review		\$375.00	\$0.00	
Site Administrative	Advertising Fee			\$0.00	
	Pharmacy Set Up Fee			\$0.00	
	Total One-Time Fees			\$0.00	

SECTION 2: STUDY CONDUCT FEES

Study Activity	Activity Details	Number of hours per activity	Total Number of Hours	Dollars per Hour	Projected Expense
Site Visits	A. Site Selection Visit				
	Sponsor /Investigator meeting	0		\$200.00	\$0.00
	Sponsor/Clinical Staff Meeting	0		\$80.00	\$0.00
	Time spent with monitor	0		\$80.00	\$0.00
	Total Site Selection visit	0			\$0.00
	B. Site Initiation Visit				
	Sponsor/Investigator meeting	0		\$200.00	\$0.00
	Sponsor/Clinical Staff meeting	0		\$80.00	\$0.00
	Preparation for site visit	0		\$80.00	\$0.00
	Time spent with monitor	0		\$80.00	\$0.00
	Total Site Initiation Visit	0			\$0.00
	C. Interim Site Visits				
	Sponsor/Investigator Meeting	0		\$200.00	\$0.00
	Sponsor/Clinical Staff Meeting	0		\$80.00	\$0.00
	Preparation for site visit	0		\$80.00	\$0.00
	Time spent with monitor	0		\$80.00	\$0.00
	Total Interim Site Visits	0			\$0.00

Study Activity	Activity Details	Number of hours per activity	Total Number of Hours	Dollars per Hour	Projected Expense			
Subject Recruitment	D Subject Identification							
	Pre-Screening		0	\$80.00	\$0.00			
	Total Identification Fees		0		\$0.00			
	E. Subject Screening							
	Subject Screening		0	\$80.00	\$0.00			
	Screen Failures		0	\$50.00	\$0.00			
	Total Screening Fees		0		\$0.00			
Subject Visits	F. Subject Consent							
	Prepare consent packet		0	\$50.00	\$0.00			
	Investigator Inform Subject		0	\$200.00	\$0.00			
	Clinical Staff Inform Consent process		0	\$50.00	\$0.00			
	Update of study spreadsheets		0	\$50.00	\$0.00			
	Total Consent Fees		0		\$0.00			
Subject Visits	G. Baseline Patient Visit							
	Prepare for visit		0	\$50.00	\$0.00			
	Investigator Participation		0	\$200.00	\$0.00			
	Clinical Staff Participation		0	\$50.00	\$0.00			
	Randomize subject and complete paperwork		0	\$50.00	\$0.00			
	CRF completion and filing		0	\$50.00	\$0.00			
	Update of study spreadsheets		0	\$50.00	\$0.00			
	Query resolution		0	\$50.00	\$0.00			
	Total Baseline Visit Fees		0		\$0.00			
Study Activity	H. Treatment visits							
	<i>Customize this section per the protocol</i>							
	<i>Be specific as to activity details and number of visits.</i>							
	Visits , patients seen in MD office, for completion of case report forms and drawing blood		0	\$50.00	\$0.00			
	Time spent shipping out specimens		0	\$50.00	\$0.00			
	Time spent by the physician with the patient		0	\$200.00	\$0.00			
	Total Treatment visits Fees		0		\$0.00			
Study Activity	I. Follow-up visits							
	<i>Customize this section per the protocol</i>							
	<i>Be specific as to activity details and number of visits.</i>							
	Study personnel time		0	\$50.00	\$0.00			
	Physician time		0	\$200.00	\$0.00			
	Total Follow-up visits Fees		0		\$0.00			
	J. Study Closeout Activities							
	Preparation		0	\$80.00	\$0.00			
	Time spent with monitor		0	\$80.00	\$0.00			
	Physician time spent with monitor		0	\$200.00	\$0.00			
	Followup		0	\$80.00	\$0.00			
	Total Study Closeout Activities		0		\$0.00			

SECTION 5: BUDGET RECAPITULATION

	EXPECTED EXPENSES						
	Total One-Time Fees	\$0.00					
	Total Site Selection Visit	\$0.00					
	Total Site Initiation Visit	\$0.00					
	Total Interim Site Visits	\$0.00					
	Total Identification	\$0.00					
	Total Subject Screening	\$0.00					
	Total Consent	\$0.00					
	Total Baseline Visit	\$0.00					
	Total Treatment Visits	\$0.00					
	Total Follow-up Visits	\$0.00					
	Total Study Closeout	\$0.00					
	Total Additional Fees	\$0.00					
	Total of Columns D for all Tests Related to Research in Section 4	\$0.00					
	Total of Column E for all Test Related to Research in Section 4	\$0.00					
	Total of all above Fees	\$0.00					
	Total of all lines X 25% Indirect Cost	\$0.00					
	Add CHS CIRB Fees						
	Projected Hospital Expenses based on est. # of subjects	\$0.00					
	EXPECTED REVENUE						
	# of Subjects						
	Revenue/Subject						
	Expected Revenue for all subjects	\$0					
	Revenue for IRB Fee						
	Revenue for Pharmacy Fee	\$0					
	Revenue for Advertising Fee	\$0					
	Other Revenue	\$0					
	TOTAL EXPECTED REVENUE	\$0					
	REVENUE LESS ALL EXPENSES	\$0.00					

Summary of Expenses by Category								
Revenue	\$0							
P.I. Oversight	\$0.00							
Research Coordinator	\$0.00							
Indirect Costs	\$0.00							
Other Tests	\$0.00							
IRB Fees	\$0.00							
Legal Fees	\$0.00							
Advertising Fees	\$0.00							
Pharmacy Fees	\$0.00							
Revenue Less Expenses	\$0.00							