**Study Cost Estimate Form – Pharmacy Services Department**

This form must be completed by Pharmacy Services when costs are generated.

The Principal Investigator is responsible for ensuring that all departments impacted by the study have been properly informed by submitting a copy of the protocol to the appropriate department Health Service/Service Delivery Unit/Corporate Support Leader. This form must be signed by both parties whether there is a cost involved or not. **This ensures that MGH Research Ethics Board (REB) is informed that the proposed impacted departments have been notified, have agreed, and have the resources required to carry out the study**.

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| --- | --- |
| MGH Local Principal Investigator: |  |
| Full Study Title: |  |
| Services | Estimated Costs | Total |
| 1. | Start-up and administrative fee:(to be payable upon notification of the initiation visit) | Includes:* protocol review
* inventory set up
* implementation consultation

[ ]  $500.00 peer review or[ ]  $1,500.00 industry sponsored |  $     .00$     .00 |
| 2. | Per Patient Charges: (billed annually based on actual new patients enrolled) | [ ]  Charges of $      per patient enrolledBased on:* Type of medication prepared (IV vs. PO)
* Number of doses prepared per protocol
* Complexity of the preparation process
 | $     .00  |
| 3. | Summary: | Total Charge due @ study initiationTotal charge due per new patient enrolled (determined annually) | $.00$.00 |

The Pharmacy Services department is prepared to absorb **%** of the estimated costs of this study.

**Note: Any additional costs generated by the study will be assumed by the investigator**

**Additional Notes** (Between Investigator(s) and the Pharmacy Services department)

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| PRINT Name of Local MGH Principal Investigator  |  | Signature |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| PRINT Name of Pharmacy Services Manager/Director/Support Leader  |  | Signature |  | Date |