**Study Cost Estimate Form – Health Records Department**

This form must be completed by Health Records 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 (Protocol) Title: |       |
| Services | Estimated Costs |
| 1. Material
 | $     .00 |
| 1. Labour
 | $     .00 |
| 1. Off-setting Savings
 | $     .00 |
| 1. Administrative Fee (includes cost of initial report writing, if required)
 | **$250.00** |
| 1. Total Fixed Costs
 | $250.00 |
| 1. Total Cost / Patient **($5.00 per chart)**
 | $     .00 (      charts x $5.00) |
| 1. Off Site Chart Retrieval Cost - $32.00 per chart (visit dates from 1999 up to 2006)
 |  [ ]  Applicable or [ ]  Not Applicable$     .00 (      charts x $32.00) |
| 1. Charts on Microfilm **($5.00 per chart)** (visit dates from 1998 and older) & (deaths from January 1, 2000 to December 31, 2010)
 |  [ ]  Applicable or [ ]  Not Applicable$     .00 (      charts x $5.00) |
| 1. **Photocopying ($2.50 per page)**
 | $     .00 (      charts x $2.50) |
| Total Cost / GST | $.00  |
| 10. Training to access online charts (up to 2hrs.) | $100.00 |
| Estimated Total Costs | $.00  |

The Health Records 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 Health Records department)

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

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|  |  |  |  |  |
| PRINT Name of Health Records Manager/Director/Support Leader |  | Signature |  | Date |

**Submission Instructions:**

**One (1)** electronic copy of this fully completed and signed form is to be submitted with your TAHSN Research Application