

Budget Template Sample Version 2 (1 October 2019)

This page provides an overview and guidance on completing the budget template.

Overview

- 1 Please complete the form electronically and edit to suit your operating and study requirements.

Step 1 : Per Patient Budget

- 1 Enter your details on 'Budget Prepared By' and '**STUDY INFORMATION**' accordingly.
- 2 Add columns and rows to accommodate the # of visits, procedures and activities as defined in your study protocol.
- 3 If applicable to your study and institution, you may utilise 'Items Lists Reference' worksheet for procedures and standard investigation information **OR** replace it with your institution copy to complete Section II) Procedure and
- 4 Ensure you enter your target number of patients and administrative fee accordingly over the light grey cost examples (Column B, (A) (B) and (C)).
- 5 Ensure you enter your target number of patients and administrative fee formula accordingly over the light grey number examples (Column P).

Step 2 : Fees

- 1 '**STUDY INFORMATION**' is auto populated. Please update or amend 'STUDY INFORMATION' at Step 2 Per Patient Budget worksheet only.
- 2 Based on your department study team, study and institutional cost requisites, proceed to complete Section III) IRB, Institution Overhead and Start Up Fees, IV) Storage Fees and V) Study Archival Fee.

Step 3 : Budget Summary

- 1 '**STUDY INFORMATION**' and The Commercial Budget Summary Table is auto populated and displays the study information and study costs entered into the earlier completed worksheets in this document.
- 2 Please update or amend 'STUDY INFORMATION' at Step 2 Refer Per Patient Budget or Step 3 Refer Study Fees worksheets only.

Appendix

- 1 Based on your study requirement, you may add your study activity specifics to the main budget item when necessary.

Disclaimer

- 1 This budget template are issued by SCRI solely for the purpose of facilitating the budget negotiations. If necessary, customise these templates to suit the needs of your study.

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Budget prepared by: _____	
STUDY INFORMATION	
Institute:	_____
Dept:	_____
Principal Investigator:	_____
Study Coordinator:	_____
Protocol Title:	_____
Study ID:	_____
DSRB/ CIRB Reference:	_____
Sponsor:	_____
Target Patient Number:	_____
Duration of Study:	_____
Study Start Date:	_____
Study End Date:	_____

List all protocol procedures and labs that will be billed - To obtain your latest institution procedure/hospital costs

(I) PER PATIENT BUDGET															
Day/ Month	Billing Code	Unit Cost	Screening	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Follow Up Visit	Final Follow Up Visit	Early Withdrawal	Unscheduled Visit	Total	
Visit Number															
Clinical consultation/ assessment															
Clinic Consultation (per patient)															
Initial Visit														\$0.00	
Follow-up Visit														\$0.00	
(A) Subtotal cost for 1 patient														\$0.00	
(A) Subtotal cost for 1 patient with Administrative Fee														\$0.00	
(A) Subtotal Cost for target no of 0 patients + 10% Admin Fee														\$0.00	
Investigational Fees															
Investigator's Fee (per patient)															
Determine eligibility of subject, review of inclusion & exclusion criteria, Informed Consent Process, Physical Examination, Review Investigational results, adverse event assessment and management, etc.....														\$0.00	
.....etc															
Study Coordinator Fees (per patient)															
Record subject demographics and medical history, Treatment Randomization, Electronic Data Completion, Study Drug/ Placebo Dispensing, Reviewing Subject Diary, Processing of samples for central lab, etc.....														\$0.00	
.....etc															
(B) Subtotal cost for 1 patient														\$0.00	
(B) Subtotal cost for 1 patient with 10% Administrative fee														\$0.00	
(B) Subtotal cost for target no of 0 patients +10% Admin Fee														\$0.00	
(II) PROCEDURE AND INVESTIGATION REQUISITES															
Procedures/ Local Laboratory/ Subject (per patient)															
Full Blood Count														\$0.00	
Urea & Electrolytes														\$0.00	
ECG														\$0.00	
CT Scan														\$0.00	
MRI														\$0.00	
.....etc															
(C) Subtotal cost for 1 patient														\$0.00	
(C) Subtotal cost for 1 patient with 10% Administrative fee														\$0.00	
(C) Subtotal cost for target no of 0 patients + 10% Administrative Fee														\$0.00	
GRAND TOTAL (A) + (B) + (C) * 1 subject														\$0.00	
GRAND TOTAL (A) + (B) + (C) * 1 subject * 10% Admin Fee														\$0.00	
GRAND TOTAL (A) + (B) + (C) * 1 subject + 10% Admin Fee + 7% GST														\$0.00	
GRAND TOTAL (A) + (B) + (C) * 0 subjects														\$0.00	
GRAND TOTAL (A) + (B) + (C) * 10% Admin Fee														\$0.00	
GRAND TOTAL (A) + (B) + (C) + 10% Admin Fee + Prevailing GST														\$0.00	

- Terms and Conditions**
- IRB and Study Start Up Fee advance payment will be paid to the institute upon execution of CTA.
 - All charges are subjected to a X % administrative fee and prevailing GST unless stated otherwise.
 - All investigational product will be provided by the sponsor to the institute at no cost.
 - All pass through cost will be charged as per event.
 - All standard institute based charges are subjected to hospital fees revision.
 - Sponsor is agreeable to pay for screen failure costs based on completed screening visits.
 - Sponsor is agreeable for payment of study-required local test/ procedures that is not factored in the above budget subject to sponsor approval.
 - Archival of study file for X years will be arranged and paid by sponsor upon completion of the study.
 - Subject transport reimbursement will be paid at \$X for visits required by the study.
 - All storage will be charged on a monthly basis.
 - Any additional procedures cost and/or hospitalisation/clinic charges in the event of AE resulted in unscheduled visit required by sponsor / SAE will be reimbursed separately to Institution.