Budget Checklist

The following information is required in order to complete draft budget. Please gather all information before returning the checklist.

IRB # IRB00

Study Title:

Sponsor:

PI:

Campus:

Department:

1. Names, Roles and Salaries of study team or other personnel who require support.
2. Pharmacy Budget (please attach to the email the original budget document received from pharmacy)
3. Number of patients to be budgeted
4. SAC (Specimen Accessioning Core) Budget –Oncology only (please attach to the email the original SAC budget)
5. Please provide any ancillary department budget if required (ECHO lab, OR, Surgery, Anesthesia)
6. Using ICTR/CRU Yes No
7. List of Services provided by ICTR/CRU for this study (please list all services ICTR/CRU will provide on study)
8. ICTR budget (Bayview) (please list all services ICTR will provide on study)
9. Using Clinical Engineering Yes No
10. List of devices supplied by sponsor requiring Clinical Engineering certification ( i.e. Holter monitors )
11. Will patient be compensated for their study visits? If so please detail exactly how they will be compensated and the dollar amount.
12. How will the patient be compensated? Petty cash, Check request, Jhu preloaded card Bank of America, Outside vendor ( Greenphire, CLIN card or other) please specify
13. Sponsor Draft Budget template and CTA submitted to CRSS
14. Will any blood work be sent to a central lab?(please list all bloodwork going to central lab)
15. Will there be split samples for any bloodwork?
16. Is this study a JHCRN study? Yes No
17. If yes, which JHCRN sites will participate: List all applicable
18. Is this a CAPRES Study? Yes No
19. Has the study been submitted to COUES for contract Review? Date? PD number?
20. Name and contact information of sponsor contact for negotiations.