**PHARMACY COST FORM FOR RESEARCH SUPPORT**

|  |  |  |
| --- | --- | --- |
| Protocol Title: | Principal Investigator: | Prepared by: |
|  | Date: | # of Patients: |

**IND pharmacist on Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pharmacy Activities (check those that apply) Charge**

1. **Print out Data generation of prescribed drugs \_\_\_\_\_\_\_**

(Must include either IRB approval & waiver consent or

Research Privacy Activities Preparatory to Research)

1. **One Time “Set-Up” \_\_\_\_\_\_\_**

Liaison with IRB, Drug & Formulary Committee and others

Preparation of information for after-hours professional staff and others.

Coding, blinding, and randomization

Coordinate procurement, preparation packaging, labeling, and distribution

Record keeping, (inventory, receiving, reconciliation, etc.)

1. **Annual Maintenance \_\_\_\_\_\_\_**

Coding, blinding, and randomization

Coordinate procurement, preparation packaging, labeling, and distribution

Record keeping, (inventory, receiving, reconciliation, etc.)

Patient Monitoring

Transfer of unused drugs

Sponsor audit support

Other

**D. Per patient cost \_\_\_\_\_\_\_\_**

**E. Total Cost \_\_\_\_\_\_\_\_**

To Comply with JCAHO requirements, investigations drugs are dispensed by Dept of Pharmacy.

Funds should be designated to the Pharmacy Education Hektoen account #681

Pharmacy approval must be obtained if study drugs are to be brought in from another institution.

**APPROVED:**

**CCHHS Pharmacy:**

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|  |  |  |  |  |
| **Name (Print or Type)** | **Title** | **Signature** | **Date** |  |

**CCHHS Responsible Investigator:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Signature** |  | **Date** |  |