

Human Subjects Research Committee Application Form - Appendix A

HCMC Resource Utilization Checklist

Revised: 01/08

The purpose of this checklist is to determine what hospital resources will be needed for this research that are *in addition to standard of care* for the patients enrolled in this protocol, and to make arrangements for the reimbursement of these additional costs to the hospital.

Please attach a schedule of study procedures if available from the protocol and highlight which procedures in the study are **NOT** standard of care. If extra space is needed in answering the questions below, attach additional pages.

Please complete the checklist, sign, and return it with your application to the IRB.

Protocol Title:	
Principal Investigator:	
Name of Person Completing This Form:	
Phone #:	
Department:	
E-Mail Address:	
HSR# (if Known):	
MMRF Budget # (if Known):	
Estimated Length of Study:	
Number of Patients:	

1. Is there an external sponsor providing funding for this protocol? If yes, who?

Yes (Name):

No

If yes, is federal grant money involved? Y N

2. Do you intend to utilize any HCMC Resources that *are over and above standard of care* (staff, labs, medical records, equipment, etc.) in conducting this protocol?

No. If no, stop here, and sign where indicated at the end of the form. Yes. If yes, please go to question 3.

You will still need to submit this form even if no HCMC resources are used.

3. If you answered yes to question 2, please indicate below what type of HCMC resources you intend to access that *are over and above standard of care* for the patients being enrolled in the study:

Labor (please contact staff person's supervisor to determine rate of pay and availability):

Staff Name:	
Staff Person's Supervisor:	
Hourly Rate:	
Approximate Number of Hours Needed:	
Approximate Start Date:	
Approximate End Date:	
Estimated Cost of HCMC Labor:	

Lab Services (please contact Joan Morgan, Med Tech Supervisor @ 873-3025 at least 2 weeks prior to start of study to obtain pricing). **Note: Lab pricing will NOT be found on the Intranet.**

HCPCS & Description	Per Unit Cost	# of Tests	Est. Cost

Pharmacy Services (please complete the Investigation Drug Study Worksheet found on the HCMC Intranet at: Systems/Research/Forms. Then contact Tzivia Leviton, Investigation Drug Pharmacist @ 873-3103 to obtain prices). **Note: Pharmacy pricing is NOT found on the Intranet.**

Per Dose Charge	# of Doses	# of Pts	Estimated Cost
Study Set Up Fee	Per Unit Cost	# of Tests	Est. Cost

Radiology Services (please contact Michele Gerhartz @ 873-5744 to obtain pricing OR refer to HCMC intranet Research site):

HCPCS & Description	Per Unit Cost	# of Tests	Est. Cost

Cardiology Services (Echo, EKG, Treadmill) (please contact Rosanne Ferguson @ 873-3857 to obtain pricing OR refer to HCMC intranet Research site):

HCPCS & Description	Per Unit Cost	# of Tests	Est. Cost

Other Services, e.g., Exam Rooms (John Jalma @ 873-4168), Medical Records (Mary Koepke @ 873-5726), Population/Data Requests (Connie Brown @ 873-3397) - please contact the Department Manager indicated above for the services being sought to obtain pricing):

HCPCS & Description	Per Unit Cost	# of Tests	Est. Cost

Supplies (please contact Lynn Davenport, Value Analysis Manager @ 873-4341 to obtain pricing):

HCPCS & Description	Per Unit Cost	# of Tests	Est. Cost

Equipment rental (e.g., monitors, BP, infusion pumps – please contact Phillip Gill, Equipment Manager @ 873-2443 to obtain pricing OR refer to HCMC intranet):

HCPCS & Description	Per Unit Cost	# of Tests	Est. Cost

Other Items Not Listed Above (e.g. facilities expenses - please contact Tom Bravo, Construction Manager @ 873-9128 to obtain pricing):

HCPCS & Description	Per Unit Cost	# of Tests	Est. Cost

Estimated Total Expenditure: _____

(Please note: You will need to resubmit for approval of expenses in excess of this estimated amount and annually, hereafter).

Signature of Principal Investigator:

_____ **Date:** _____

To the IRB – After approval of the study, please send copy of the form to Michelle Pagel (612-873-9136) at mail code HCMC Administration P-1.