Introduction and Purpose
The Clinical Research Institutional Fee Schedule (UUSOP-13) is set forth as a standardized cost structure to be utilized when participating in industry sponsored research. Fee standardization within the University of Utah promotes consistency and assists in adhering to proper research billing compliance. Information in this document outlines the rationale for the cost structure to allow proper oversight of research at the University of Utah.

Definitions and Acronyms
Clinical Research: Clinical research includes all research involving human participants. It does not include secondary studies using existing biological specimens or data collected without identifiers or data that are publicly available.

Clinical Trial: Clinical trials are clinical research studies involving human participants assigned to an intervention in which the study is designed to evaluate the effect(s) of the intervention on the participant and the effect being evaluated is a health-related biomedical or behavioral outcome.

CMS: Centers for Medicare & Medicaid Services
CRF: Case Report Form
CTO: Clinical Trials Office
CTSI: Clinical & Translational Science Institute
eCRF: Electronic Case Report Form
GCP: Good Clinical Practice
HIPAA: Health Insurance Portability and Accountability Act
IB: Investigator’s Brochure
ICF: Informed Consent Form
IDDF: Investigational Drug Data Form
IDE: Investigational Device Exemption
IDS: Investigational Drug Services
IND: Investigational New Drug
IRB: Institutional Review Board
PI: Principal Investigator
1. Administrative Start-up. Fee will be assessed based upon the specifics of the protocol and will include, but is not limited to the following (as applicable):

1.1. Internal Study Review
   - Meeting with research staff: Principal Investigator, Sub-investigators, study coordinators, lab personnel, finance personnel, contract personnel and Investigational pharmacy
   - Familiarization with the study protocol and review IB
   - Determine logistics of study execution (working with ancillary services in additional to outpatient/inpatient locations)
   - Preparation for Sponsor visit (site initiation)

1.2. Study Preparation
   - Training on sponsor specific Data Capture Systems (eCRF)
   - Training on sponsor protocol
   - Training on sponsor specific equipment, rating scales, GCP
   - Creation of source templates based on the study protocol
   - Creation of subject charts, logs, trackers
   - Provide training to support staff on study procedures as applicable: back-up study coordinator, lab, investigational pharmacy, clinic/floor nurses
   - Investigator Meeting (travel time & attendance)

1.3. Imaging/Testing Preparation
   - Determine scope of service and requisite space
   - Staff training on the study protocol and lab manual
   - Inventory and store adequate supplies and ensure receipt of necessary items
   - Local Equipment accountability and calibration logs (i.e. BP monitors, ECG's, etc.)

1.4. Investigational Pharmacy Preparation
   - Determine supplies required for study drug administration
   - Logistics of study drug dispensing
CLINICAL RESEARCH INSTITUTIONAL FEE SCHEDULE
SUPPLEMENT A – COST STRUCTURE RATIONALE

• Accountability documentation/CRF requirements
• Collecting previous and current temperature logs
• Planning for study drug retrieval/disposal
• Associated fees will be passed on to sponsor via line item costs

1.5. Research Location Assessment and Procurement
• Evaluation of trial needs in terms of space and personnel
• Application for use of space and personnel as indicated
• Completing physician order templates, laboratory order forms, etc.

2. Clinical Trials Office Fee & Quarterly Department Maintenance. Clinical Trials Office Fee charged to all studies, irrespective of sponsor to allow adequate regulatory oversight and compliance with GCP, Human Subject Protection, and University requirements. Some of the CTO activities conducted at our site that are included in the fee for this and all trials:

2.1. Internal Feasibility Assessment
• Addressing pre-trial questionnaires
• Providing required documents to sponsor (site information sheet, GCP, etc.)
• Assessing eligible study population resources
• Preparing for Sponsor visit (site selection)
• Completing Sponsor visit (site selection)

2.2. Providing streamlined and consistent contracting and budgeting processes to decrease startup and amendment timelines

2.3. Providing quality assurance and improvement to the proposed clinical research project
• Protocol review to:
  2.3.1. Streamline any potential IRB conflicts,
  2.3.2. Address protocol issues that would potentially be misinterpreted by the Principal Investigator (leading to study decline)

2.4. Data queries to determine feasibility of recruitment efforts and the adequate population specific to the protocol

2.5. Determining the extent and duration of regulatory requirements relating to the population being studied, especially crucial due to working with special population participants
CLINICAL RESEARCH INSTITUTIONAL FEE SCHEDULE
SUPPLEMENT A – COST STRUCTURE RATIONALE

2.6. Providing recruitment planning and retention assistance
2.7. Continuing quality assurance and improvement to the proposed clinical research project throughout life of trial
2.8. Ensure protocol adherence by:
   2.8.1. Reviewing informed consent process in real time
   2.8.2. Identifying areas of local risk (i.e. protocol training, staffing, study procedures, etc.)
   2.8.3. Training on protocol amendments
   2.8.4. Revising documentation to maintain consistency with protocol amendments
2.9. Managing audit prep of subject charts and regulatory documents when notified of submission of NDA, FDA, or sponsor audits
2.10. Providing additional quality control on case-by-case basis to ensure data integrity and subject safety. Examples that necessitate internal quality control could include:
   2.10.1. Sponsor monitor turnover
   2.10.2. High enrollment (high risk for audit)
   2.10.3. Complexity of trial (phase I, study endpoints)

3. IRB Preparation and Review
   3.1. Regulatory Preparation
   3.2. Regulatory document collection, copying and submission (mailing)
   3.3. Create and maintain the Investigator Site File
   3.4. Maintain correspondence with the Sponsor and all institutional departments regarding the status of the study
   3.5. Prepare ICFs per IRB specifications
   3.6. Prepare IRB submission
   3.7. Track submission progress and facilitate revision resolution, if applicable
   3.8. See https://irb.utah.edu/fees.php for local IRB Fee Schedule

4. CMS Coverage Analysis. Fee associated with ensuring clinical trial billing compliance. Activities include but are not limited to:
CLINICAL RESEARCH INSTITUTIONAL FEE SCHEDULE
SUPPLEMENT A – COST STRUCTURE RATIONALE

4.1. Performing comprehensive and independent review of all documents related to clinical trial research study funding, including the research study budget, protocol, contract, informed consent, and other supporting core documents

4.2. Completing coverage analysis by reviewing and documenting CMS guidelines and policies for national and local coverage determinations

5. Sponsor monitoring
5.1. Scheduling and coordinating with research staff; Principal investigator, Sub-investigators, Study coordinators, Lab personnel, and Investigational pharmacy

5.2. Preparing necessary documents for visit
   5.2.1. Uploading documents to shared platform
   5.2.2. Redacting and emailing/mailing documents

5.3. Meeting between sponsor and research staff; Principal investigator, Sub-investigators, Study coordinators, Lab personnel, and Investigational pharmacy

5.4. Over the shoulder electronic medical record review (study coordinator must be present – in person or remote)

5.5. Monitor change (additional effort for research staff to acquaint new monitor with facilities and site procedures)

5.6. See UUSOP-10 Monitoring Visits for Externally Sponsored Clinical Trials

6. Pre-screening/Recruitment. Fee will be assessed based upon the specifics of the protocol and will include, but is not limited to the following (as applicable):

6.1. Implementing recruitment strategies in accordance with IRB requirements and approvals

6.2. Screening and determining subject eligibility based on inclusion/exclusion criteria and document each potential participant’s eligibility or exclusion by:
   6.2.1. Running internal queries
   6.2.2. Performing extensive medical chart review
   6.2.3. Communicating with treating physicians and additional clinical staff
   6.2.4. Screening clinic schedule for eligible participants daily
   6.2.5. Completing screening Log and ongoing submission to sponsor

7. Outside Agency Audit (not for cause)
CLINICAL RESEARCH INSTITUTIONAL FEE SCHEDULE
SUPPLEMENT A – COST STRUCTURE RATIONALE

7.1. Preparing for and hosting outside agency (sponsor, FDA, other external party) for site audit
7.2. Providing required documentation
7.3. See UUSOP-02 FDA Inspections

8. Research Facility Fee
8.1. Utilizing dedicated research space to complete protocol required visits

9. Foreign Language Translation & Interpretation
9.1. Onsite interpretation services
9.2. Coordinating and scheduling with interpreter
9.3. Translating study documents – i.e. Informed Consent Form, Assent, Parental Permission Forms, etc.

10. Document Archival and Storage
10.1. Storing of study documents to comply with HIPAA regulations
10.2. Compiling and organizing study documents at study closeout to prepare for archival
10.3. Purchase of archival boxes
10.4. Length of storage is per contract or protocol, whichever is longer
10.5. In the event the contract or protocol does not clearly state the required length of storage, site will invoice sponsor 15 years’ worth of annual fees at closeout
10.6. See UUSOP-06 Study Records Management

11. Site Closeout. Fee encompasses all study close out activities, which include but are not limited to:
11.1. Conducting study close out visit with sponsor
11.2. Communicating with sponsor and additional research staff regarding close out activities
11.3. Completing and reporting final queries
11.4. Coordinating closeout with investigational pharmacy, laboratory, etc.
11.5. Performing financial audit of all study related payments
11.6. Preparing and submitting administrative forms necessary to close out account
12. **CTMS Fees**: This covers the software license fee for access to the University of Utah’s Clinical Trial Management System (CTMS), OnCore, which supports the following activities over the lifetime of the study:

12.1. Reconciliation of financial management, invoicing, and compliance monitoring

12.2. Tracking and payment of clinical research study billing

12.3. Participant tracking and payment (compensation/reimbursement)

12.4. Creation and maintenance of e-binders for regulatory documents

12.5. Reporting of clinical trial management and financial milestones

13. **IDS Pharmacy**: Fees will be assessed based upon the specifics of the protocol and will include, but is not limited to the following (as applicable):

13.1. Setup

   13.1.1. Reviewing protocol
   13.1.2. Preparing forms
   13.1.3. Meeting with PI and study team
   13.1.4. Developing dispensing guidelines and IDDF
   13.1.5. Inservicing pharmacy staff

13.2. IDS Pharmacy Drug Destruction

   13.2.1. Ensuring destruction and/or return handling
   13.2.2. Fee is charged at study initiation

13.3. IDS Pharmacy Protocol Amendment

   13.3.1. Redesigning Epic scheduling/ordering system & adding additional arms
   13.3.2. Completing additional inventory
   13.3.3. Updating study binders

13.4. Maintenance

   13.4.1. Ordering & receiving investigational product
   13.4.2. Completing monthly inventory
   13.4.3. Documenting record maintenance
13.4.4. Fee begin after SIV occurs

13.5. IDS Pharmacy Special Monitoring
   13.5.1. Creating manual logs
   13.5.2. Documenting monthly temperatures
   13.5.3. Additional monitoring of study drug

13.6. IDS Pharmacy Additional Paperwork
   13.6.1. Manually completing and/or signing protocol required form/worksheet

13.7. IDS Pharmacy Closeout

13.8. Quote provided by IDS Pharmacy

14. Laboratory Setup
   14.1. Determine scope of service and requisite space for specimen acquisition, processing, and storage
   14.2. Staff training on the study protocol and lab manual
   14.3. Inventory and store adequate supplies and ensure receipt of necessary items
   14.4. Collecting lab normal ranges
   14.5. Collecting Equipment temperature logs monthly (i.e. freezer/ refrigerator)

15. Specimen processing management fee
   15.1. Receiving and storing sponsor provided laboratory kits and supplies
   15.2. Tracking and maintaining sponsor provided laboratory kits and supplies
   15.3. Disposing of expired sponsor provided laboratory kits and supplies
   15.4. Rates vary depending upon the following:
      15.4.1. Number of central labs
      15.4.2. Total kits
      15.4.3. Kits per time point
      15.4.4. Specimen schedules
      15.4.5. Timed collections
      15.4.6. Timed ECGs
15.4.7. After hours and weekend collections

16. Radiology Setup & Maintenance
   16.1. Quote provided Radiology and Imaging Sciences

17. Radiological Drug Research Committee and Human Use Subcommittee
   17.1. Providing regulatory support to prepare the Protocol Radiation Use Sheet (PRUS). Review is mandatory for all studies requiring imaging that uses radiation, radiation therapy, and any kind of radioactive agent.

18. Shared Investigator Platform Setup & Maintenance
   18.1. Registering and creating profiles in system
   18.2. Uploading applicable documents
   18.3. Maintaining and updating profiles as needed

19. Ancillary Services Sponsor Required Protocol Training
   19.1. See UUSOP-03 Protocol Training for Investigators and Study Staff

20. Sponsor specific equipment maintenance & storage:
   20.1. Receiving and storing sponsor provided equipment
   20.2. Tracking and maintaining sponsor provided equipment
   20.3. Exchanging malfunctioning/damaged equipment
   20.4. Returning sponsor provided equipment

21. Safety Event Reporting and Follow-up
   21.1. Notifying sponsor of SAE as outlined in protocol (typically 24 hours)
   21.2. Completing SAE report form as outlined in protocol
   21.3. Following resolution/permanent outcome as outlined in protocol
   21.4. Obtaining medical records from external facilities/hospitals
   21.5. Redacting and emailing/mailing source to sponsor
   21.6. Other reportable events may include:
      21.6.1. Adverse events of Special Interest
      21.6.2. Unanticipated Problems
      21.6.3. Unanticipated Device Effects
21.6.4. Immune-mediated Events

22. Pregnancy Follow-up
   22.1. Following pregnancy to term as outlined in protocol

23. IND/SUSAR External Safety Reports
   23.1. Reviewing and acknowledging sponsor provided safety reports
      23.1.1. Event is unforeseen in terms of nature, severity, or frequency
      23.1.2. Event is related or likely related to participation in research
      23.1.3. Event likely affects the safety, rights and welfare of current
               participants or suggest that the research places subjects or others at
               a greater risk of harm
   23.2. Managing sponsor safety reporting portal

24. Budget Translation Fee
   24.1. Translating site budget to sponsor template
   24.2. Amending sponsor template to remedy errors and identify unmarked updates

25. Institutional Oversight Fee:
   25.1. Preparing study to present to various committees for review and prioritization
   25.2. Overseeing protocol trainings and study coordination
   25.3. Reviewing adverse events and protocol deviations
   25.4. Reconsenting and overseeing participant education
   25.5. Engaging in sponsor correspondence, signoffs, study teleconferences, etc.
   25.6. PI effort is removed from the per-patient costs since this covers all PI oversight.
   25.7. See UUSOP-04 Investigator Responsibilities

26. Primary Children’s Hospital Board Review
   26.1. Fee associated with performing research at Primary Children’s Hospital
          location (Intermountain Healthcare)

27. Center for Quantitative Cancer Imaging (CQCI):
   27.1. Setup
      27.1.1. Reviewing protocol and related documents including imaging
               manuals and CRFs to valuate participant eligibility requirements,
image acquisition specifications, image analysis requirements, response assessment criteria, and determination of routine versus research imaging requirements.

27.2. Analysis and response assessment

27.2.1. Image analysis and response assessment incurred for each participant time-point resulting for disease assessments; additional fees assessed for multiple response criteria. Response criteria includes: RECIST, WHO, IWRC, Cheson, Choi, irRC, IMWG, RANO, EORTC, PERCIST, etc.

27.3. See HCI Policy 005-19

28. CTSI Application Submission and Startup

28.1. Fee associated with review and approval of new protocol applications

28.2. Quote provided by CTSI

References

• UUSOP-02 FDA Inspections
• UUSOP-03 Protocol Training for Investigators and Study Staff
• UUSOP-04 Investigator Responsibilities (Institutional Oversight fee)
• UUSOP-06 Study Records Management
• UUSOP-10 Monitoring Visits for Externally Sponsored Clinical Trials
• UUSOP-13 Clinical Research Institutional Fee Schedule
• HCI Policy 005-19
• Clinical Research Budget Training – University of Utah Research Education:
Clinical Research
Standard Operating Procedures
Supplemental Document UUSOP-13-A
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CLINICAL RESEARCH INSTITUTIONAL FEE SCHEDULE
SUPPLEMENT A – COST STRUCTURE RATIONALE

- Clinical Research Budget Negotiation:
  https://utah.catalog.instructure.com/browse/research-education/research-education-red/courses/red-online-clinical-research-budget-negotiation

- Clinical Research Budget Oversight:
  https://utah.catalog.instructure.com/browse/research-education/research-education-red/courses/red-online-clinical-research-budget-oversight