COLUMBIA UNIVERSITY MEDICAL CENTER

CUMC Research Pharmacy
650 W 168th St.,
Black Building, B-30
New York, NY 10032
212.305.9867 Tel
212.305.0068 Fax

COST ESTIMATE REQUEST FORM

Please complete the entire form so the Research Pharmacy may provide you with a cost estimate.
Return the completed form to researchpharmacy@columbia.edu ***as an e-mail attachment or fax to 201-305-0068.***
Include a copy of the protocol if not submitted prior.

IRB # _____ *(if available)*

Contact Information:

Investigator:_____Phone:_____

Fax:_____E-mail:_____

Coordinator:_____Phone:_____

Fax:_____E-mail:_____

Administrator:_____Phone:_____

Fax:_____E-mail:_____

Study Title:_____

_____

Study Description: (check all that apply) ☐ Inpatient ☐Outpatient ☐Multicenter

On Call Study: ☐Yes ☐No ***Weekend or Holiday dispensing?*** ☐Yes ☐No

*****A study is considered on call if there is a possibility for dispensing outside of normal business hours (M-F 8AM-4PM). There is an additional fee for this service. *****

Department:

- ☐ Biochemistry & Molecular Biophysics
- ☐ Biomedical Informatics
- ☐ Dental Medicine
- ☐ Dermatology
- ☐ Genetics & Development
- ☐ Medicine - Cardiology
- ☐ Medicine - Digestive & Liver Disease
- ☐ Medicine - Endocrinology
- ☐ Medicine - Experimental Therapeutics
- ☐ Medicine - General Medicine
- ☐ Medicine - Hematology
- ☐ Medicine - Infectious Disease
- ☐ Medicine - Molecular Medicine
- ☐ Medicine - Nephrology
- ☐ Medicine - Oncology
- ☐ Medicine - Preventive Medicine & Nutrition
- ☐ Medicine - Pulmonary, Allergy & Critical Care
- ☐ Medicine - Rheumatology
- ☐ Microbiology & Immunology
- ☐ Neurology
- ☐ Neuroscience
- ☐ Neurosurgery
- ☐ Obstetrics and Gynecology
- ☐ Ophthalmology
- ☐ Orthopedic Surgery
- ☐ Otolaryngology / Head & Neck Surgery
- ☐ Pathology
- ☐ Pediatrics - Allergy
- ☐ Pediatrics - Biomathematics
- ☐ Pediatrics - BMT
- ☐ Pediatrics - Cardiology
- ☐ Pediatrics - Clinical Genetics
- ☐ Pediatrics - Critical Care
- ☐ Pediatrics - Education
- ☐ Pediatrics - Emergency Med
- ☐ Pediatrics - Endocrinology
- ☐ Pediatrics – Gastroent. & Nutrition
- ☐ Pediatrics - General
- ☐ Pediatrics - Hematology
- ☐ Pediatrics – Infectious Disease
- ☐ Pediatrics – Molecular Genetics
- ☐ Pediatrics - Neonatology
- ☐ Pediatrics - Nephrology
- ☐ Pediatrics - Neurology
- ☐ Pediatrics - Oncology
- ☐ Pediatrics - Pulmonary
- ☐ Pediatrics - Rheumatology
- ☐ Pharmacology
- ☐ Physiology and Cellular Biophysics
- ☐ Psychiatry
- ☐ Mailman School of Public Health
- ☐ Radiation Oncology
- ☐ Rehabilitation Medicine
- ☐ Surgery
- ☐ Urology

Funding Source:

_____

_____

Sponsor: ☐ Investigator Initiated ☐ NCI ☐SWOG ☐CCG ☐COG

☐ Pharmaceutical Industry Sponsored:

Spon Name_____Spon Prot #_____

Spon ContactName_____Phone_____

Fax:_____E-mail:_____

Services requested: (check all that apply)

Dispense: ☐ Capsules/Tablet ☐ Patient Kit ☐ IV Product ☐ Pre-filled Syringes

☐ Ointment/Cream ☐Other_____

Delivery: (There is an additional fee for this service)
Are deliveries to hospital or clinic sites required? ☐ Yes ☐No

If yes, specify delivery location(s) (Building, Flr, Rm) _____

Where will patients be seen (Clinic location)? _____

Drug Product Ordering: ☐Yes ☐ No (Investigator must complete Drug Requisition Form Attached)

Drug Returns: (Investigator, if unsure, check with study sponsor):
☐ No drug returns to Research Pharmacy, Investigator will oversee drug return and destruction via OSHA, EPA, DEA compliant methods

☐ Used drug supplies will be returned to Research Pharmacy for immediate destruction

☐ Used drug supplies will be returned to Research Pharmacy for storage and reconciliation by study monitor, and then destruction or return to sponsor

☐ Used drug supplies generated in the pharmacy must be stored in the Research Pharmacy for reconciliation by study monitor, and then destruction or return to sponsor

Randomization:
☐ There is no randomization

☐ Randomization will be managed by the Investigator and the Research Pharmacy will be notified of treatment assignment in writing on drug order or via separate FAX

☐ Randomization will be managed by the Research Pharmacy via an Interactive Voice Recognition System (IVRS)

☐ Randomization will be generated by the sponsor or Investigator and managed by the Research Pharmacy via paper copy or on-line randomization method

☐ Randomization code will be generated by the Research Pharmacy managed within the Research Pharmacy

Inventory:
☐ Inventory will be handled by the Research Pharmacy using standard GCP compliant methods

☐ Inventory will be handled by the Research Pharmacy using Sponsor specific inventory forms

☐ Inventory will be handled by the Research Pharmacy using Sponsor specific inventory forms and IVRS

Drug Description: ***Anti-Neoplastic Agent(s)?*** ☐Yes ☐No

Study Drugs: (include both investigational agents and FDA approved products)

_____

_____

Study drug provider:_____

Formulation: (check all that apply)
☐ Capsules ☐Tablet ☐Vials ☐Pre-Packaged For Dispensing
☐ Bulk (Requires Packaging/Labeling/Dispensing)

Storage: (check all that apply)
☐ Room temp ☐2-8°C ☐< -10°C ☐≤ -70°C ☐ Other_____

Additional Items/Equip Required: ☐ IV Pump ☐Injection supplies ☐Ordering Bulk Drug

☐ Other_____

Items/equipment provider:_____

Additional Info: ***Has Project been submitted to IRB? ☐Yes ☐No***

Will study be submitted to the Clinical Trials Office? ☐Yes ☐No

Anticipated Start Date:_____Approx duration: _____

Estimated # of patients_____

Monitoring:

☐ Investigator will monitor Research Pharmacy function directly without outside monitoring

☐ Sponsor will not monitor Research Pharmacy function

☐ Sponsor will monitor Research Pharmacy function

Monitoring performed by: ☐ Sponsor ☐ CRO/SRO ☐ Other _____

Monitoring Company Name/Div_____

Monitor Name_____Phone_____

Fax:_____E-mail:_____

The following number of outside monitoring visits are expected each year_____.

Invoices will be e-mailed to the Principal Investigator for pre-approval. Invoices may also be e-mailed to one (1) additional person named as Principal Investigator Designee, if desired. If you wish to name a Principal Investigator Designee for this protocol, please provide us with the following.

Name of "Principal Investigator Designee"	Email

The Research Pharmacy will not provide services until the signed cost estimate and regulatory documents (IRB approval letter, 1572 form) have been received.

When you are ready to initiate the study, please notify the Research Pharmacist named on the cost estimate.

Thank you.