

Sample Pharmacy Impact Form

Form Status:

Principal Investigator:

Project Name:

Project Number:

Study team must complete sections 1 and 2. Research Pharmacy will complete section 3.

STUDY DESIGN

What is the expected duration of the study?

How many research subjects do you plan on enrolling at this site?

Identification of Study Design:

Single-Blind

Double-Blind

Placebo Control

Open Trial

Cross-over

Other; describe:

Phase of Investigation:

Phase I

Phase II

Phase III

Phase IV

Investigator Initiated

Other; describe:

Estimated Pharmacy labor costs:

Estimated Pharmacy labor costs are provided for illustration purposes. Since the Research Pharmacist is a salaried employee of the hospital no direct charge. However, for studies that have a sponsor providing study drug and other study-related payments, Pharmacy labor costs should be considered when negotiating the CRADA (Clinical Research Affiliation Disclosure Agreement) with the sponsor.

Consider items in the list below. Select appropriate items for the study in the table under the list.

- Study set up: \$1,500 (more if complex set up).
- Drug Inventory/Maintenance/Storage: \$25 per month unless large space required. Estimate length of study- calculate.
- Randomization by Pharmacy: \$15 per patient unless complicated. Estimate number of patients- calculate.
- Dispense Oral/Topical: \$30/Rx. Review protocol. Find number of Rx's for the study and calculate. Dispense Injectable (pre-filled): \$25/Rx.
- Dispense Injectable-minor compounding: \$35/Rx.
- Dispense Injectable-major compounding: \$50/Rx.
- IV Admixture: \$60/Rx.
- Unit Dose: \$18/dose.
- Site Monitor Visits: Usual visit = 15 minutes. Add up total visits, figure time and bill at \$60/hour.
- Estimated Labor Costs.
- Study Closure: \$300 (more if complex closure).
- Other: Specify/explain in the additional item info box.

Labor Item	Specify additional item info here	# Subjects	# Rx/ Subjects	Total # Rx	Labor cost/Rx	Total Labor Cost

Estimated Pharmacy Impact: Low Moderate High

Other comments:

Chief, Pharmacy Service (or designee)

Approve

Disapprove

Signature of Chief, Pharmacy Service (or designee):