



OPHTHALMOLOGY COST ESTIMATE FORM

Date:

Instructions: The following information must be submitted via email to Edylin Bautista (mmb2225@cumc.columbia.edu) in the Ophthalmology Department prior to the Clinical Trials Office approving the study budget for technical fees.

Please provide a copy of the Protocol, Case Report Forms, Ophthalmology Manuals with this submission. Please

include Dr. Lisa Hark, Director of Clinical Trials (lah112@cumc.columbia.edu) as non-engaged personnel.

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR/RESEARCH COORDINATOR

	Name	Email	Phone Number
Principal Investigator			
Study Coordinator			
Administrator			

Study Title:

IRB #: Estimated number of patients to be enrolled in study:

Type of Study: NIH Funded ☐ Industry Trial ☐

Study Start Date:

Study End Date

Will you need certification for refraction (visual acuity), ocular testing (visual field), imaging (OCT)? Yes ☐

No ☐

Will this study utilize a Reading Center? Yes ☐ No ☐ Name of Reading Center:

Please identify procedures that will use a Reading Center below.

Requested Exam	Estimated Frequency Per Patient for Duration of Study	Needs copies, backup, reading center transmission for images or special requests?

TO BE COMPLETED BY OPHTHALMOLOGY FOR FEES		
CPT Code	Procedure (both eyes)	Price
Administrative	Start-up Fee	\$1350*

Additional Comments:

*There will be a start-up fee in the amount of \$1350 to cover 15 hours of time for the clinical research coordinator to complete the cost estimate form; schedule study subjects for eye exams, testing, and imaging; prepare and conduct reading center certifications, complete case report forms, and answer email queries. Any additional services required to conduct the study above 15 hours will be invoiced at \$90 per hour. Effective August 1, 2018, all invoices will also include a 30% overhead rate. **Excluding NIH funded clinical trials.