

OPHTHALMOLOGY COST ESTIMATE FORM

Version 10.1.23



**COLUMBIA UNIVERSITY
MEDICAL CENTER**

Date:

Requesting Department:

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 include a copy of the Study Protocol, Case Report Forms, and Ophthalmology Manuals with this form.

Submit scheduling form online: https://cumc.co1.qualtrics.com/jfe/form/SV_bpAL2qDRniIk5Bs

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 Sponsor

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	*

Additional Comments:

*There will be a start-up fee in the amount of \$360 to cover up to 4 hours of time for the clinical research coordinator to complete the cost estimate form; assist to schedule study subjects for eye exams, testing, and imaging; and answer email queries if needed. Any additional services required to conduct the study above 4 hours will be invoiced at \$90 per hour.

**Excluding NIH funded clinical trials.