



## 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](mailto:researchpharmacy@columbia.edu) as an e-mail attachment.*

*Include a copy of the protocol if not submitted prior.*

*Please allow up to 2 weeks for the review process. This time may be longer if Research Pharmacy is waiting for clarification from the study team or sponsor.*

IRB # \_\_\_\_\_ (if available)

### Contact Information:

**Investigator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Coordinator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

***Important:** If the listed "Administrator" is to serve as point-of-contact for receiving study invoices and billing information, please list this same point of contact for the "Principal Investigator Designee"*

**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) and Observed Holidays. There is an additional fee for this service. \*\*\***

**Department:**

- |  |   |
|--|---|
| <input type="checkbox"/> Biochemistry & Molecular Biophysics           | <input type="checkbox"/> Pediatrics - Allergy                       |
| <input type="checkbox"/> Biomedical Informatics                        | <input type="checkbox"/> Pediatrics - Biomathematics                |
| <input type="checkbox"/> Dental Medicine                               | <input type="checkbox"/> Pediatrics - BMT                           |
| <input type="checkbox"/> Dermatology                                   | <input type="checkbox"/> Pediatrics - Cardiology                    |
| <input type="checkbox"/> Genetics & Development                        | <input type="checkbox"/> Pediatrics - Clinical Genetics             |
| <input type="checkbox"/> Medicine - Cardiology                         | <input type="checkbox"/> Pediatrics - Critical Care                 |
| <input type="checkbox"/> Medicine - Digestive & Liver Disease          | <input type="checkbox"/> Pediatrics - Education                     |
| <input type="checkbox"/> Medicine - Endocrinology                      | <input type="checkbox"/> Pediatrics - Emergency Med                 |
| <input type="checkbox"/> Medicine - Experimental Therapeutics          | <input type="checkbox"/> Pediatrics - Endocrinology                 |
| <input type="checkbox"/> Medicine - General Medicine                   | <input type="checkbox"/> Pediatrics - Gastroent. & Nutrition        |
| <input type="checkbox"/> Medicine - Hematology                         | <input type="checkbox"/> Pediatrics - General                       |
| <input type="checkbox"/> Medicine - Infectious Disease                 | <input type="checkbox"/> Pediatrics - Hematology                    |
| <input type="checkbox"/> Medicine - Molecular Medicine                 | <input type="checkbox"/> Pediatrics - Infectious Disease            |
| <input type="checkbox"/> Medicine - Nephrology                         | <input type="checkbox"/> Pediatrics - Molecular Genetics            |
| <input type="checkbox"/> Medicine - Oncology                           | <input type="checkbox"/> Pediatrics - Neonatology                   |
| <input type="checkbox"/> Medicine - Preventive Medicine & Nutrition    | <input type="checkbox"/> Pediatrics - Nephrology                    |
| <input type="checkbox"/> Medicine - Pulmonary, Allergy & Critical Care | <input type="checkbox"/> Pediatrics - Neurology                     |
| <input type="checkbox"/> Medicine - Rheumatology                       | <input type="checkbox"/> Pediatrics - Oncology                      |
| <input type="checkbox"/> Microbiology & Immunology                     | <input type="checkbox"/> Pediatrics - Pulmonary                     |
| <input type="checkbox"/> Neurology                                     | <input type="checkbox"/> Pediatrics - Rheumatology                  |
| <input type="checkbox"/> Neuroscience                                  | <input type="checkbox"/> Pharmacology                               |
| <input type="checkbox"/> Neurosurgery                                  | <input type="checkbox"/> Physiology and Cellular Biophysics         |
| <input type="checkbox"/> Obstetrics and Gynecology                     | <input type="checkbox"/> Psychiatry                                 |
| <input type="checkbox"/> Ophthalmology                                 | <input type="checkbox"/> Mailman School of Public Health            |
| <input type="checkbox"/> Orthopedic Surgery                            | <input type="checkbox"/> Radiation Oncology                         |
| <input type="checkbox"/> Otolaryngology / Head & Neck Surgery          | <input type="checkbox"/> Rehabilitation Medicine                    |
| <input type="checkbox"/> Pathology                                     | <input type="checkbox"/> Surgery                                    |
| <input type="checkbox"/> Anesthesiology                                | <input type="checkbox"/> Urology                                    |
| <input type="checkbox"/> ICAP  | <input type="checkbox"/> Emergency Medicine                         |
| <input type="checkbox"/> Columbia Center for Translational Immunology  | <input type="checkbox"/> Herbert Irving Comprehensive Cancer Center |

**Funding Source:**

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**Sponsor:**  Investigator Initiated  NCI  SWOG  CCG  COG  Federal  
 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:** (*Delivery service only available for Oncology studies or On-Call Services*)

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

(If YES, complete *Study Drugs requested to be purchased and dispensed by Research Pharmacy* on next page)

**Drug Returns:** (Investigator, if unsure, check with study sponsor):

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

**Inventory:**

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

**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

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

**Study Drugs:** (include all agents that are to be dispensed by Research Pharmacy in the study)

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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\_\_\_\_\_

**Study Drugs requested to be purchased and dispensed by Research Pharmacy:**

(include investigational agents & FDA approved drugs that are to be **purchased** and **dispensed** by the pharmacy)

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**NOTE: Research Pharmacy-sourced investigational agents or FDA approve drugs are not subject to returns; this includes any expired/unused supply that is purchased or sourced by Research Pharmacy for a study.**

**Study team acknowledgment regarding Research Pharmacy drug purchase:**

*As part of the Cost Estimate agreement, if the CUIMC Research Pharmacy agrees to procure drug(s) for the conduct of a trial, it is done so with the understanding that the sponsor & the study team agree & acknowledge:*

**DRUG PROCUREMENT by RESEARCH PHARMACY memo (page 5)**

Select if memo has been read & acknowledged?      **YES**                      **NO**

**Study drug(s) & FDA approved agents to be sourced via Standard of Care:**

(include study agents that will be sourced & dispensed as standard of care by NYP Hospital & not through Research Pharmacy)

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**Additional Items / Equipment Required Notice:**

*Research Pharmacy **only** dispenses research medications. All ancillary supplies such as needles, IV pumps, pill cutters, oral syringes, etc. must be provided by the sponsor or purchased by the study team. All these items are to be stored & handled by the study team.*



COLUMBIA UNIVERSITY

College of Physicians  
and Surgeons

In affiliation with  
NewYork-Presbyterian Hospital

RESEARCH PHARMACY

Clinical Trials Office  
177 Fort Washington Ave, Suite MHB-LL1-001  
New York, NY 10032  
212.305.9867 Tel  
researchpharmacy@columbia.edu

March 1<sup>st</sup>, 2024

Re: Drug Procurement by Research Pharmacy

To Whom It May Concern:

The CUIMC Research Pharmacy (RP) is an investigational drug service established solely to serve the research needs of Columbia's investigators. As such, the RP does not maintain commercial stock of any pharmaceuticals, and any medication necessary for research will need to be provided or otherwise procured. When medications are procured by the RP, it is done so for that specific trial.

Our strong preference is for Sponsors to provide any medication that is required for the conduct of research, including any commercially available medication that is expected to be dispensed by the RP. If the RP agrees to procure drug(s) for the conduct of a trial, as confirmed as part of the Research Pharmacy Cost Estimate agreement/process with the Columbia research team, the agreement is done so with the understanding that the Sponsor and the research team agree and acknowledge the following:

- a. Drugs may only be available in bulk volume and can only be purchased in the package sizes that are available. As a result, some drugs may not be utilized by the study and the RP and Columbia must be reimbursed for the full cost of drug purchased.
- b. Prices are subject to change based on the cost, on the day of purchase. The RP will procure drug based on the research need, regardless of the price, and the RP and Columbia must be reimbursed for the full cost of drug purchased.
- c. Availability is subject to change based on the distributor's inventory, and it may be affected during supply shortage.
- d. The RP will procure drug based on the research need, with the understanding that enough supply must be procured for subjects to ensure site does not come across protocol compliance and shortage issues throughout the course of the trial. The RP and Columbia must be reimbursed for the full cost of all drugs purchased. For example: 1. Drugs may need to be procured prior to randomization and depending on the randomization, drug may not be utilized. 2. Drug may need to be procured in advance of multiple visits and depending on if the patient visits occur, drug may not be utilized.
- e. Drug procurement can take 2-6 weeks depending on the distributor and the approval process. To ensure availability of supplies upon subject enrollment, the Research Pharmacy will procure the initial supply when the clinical trial agreement is executed. This may be prior to any subject screening.
- f. Drug refunds or returns to the supplier are not allowed by the supplier.
- g. Sponsor agrees to pay for total cost of procured drugs, regardless of utilization.
- h. Any expired or unused supply will be shipped back to the sponsor or destroyed per our SOP.

Thank you,

Elnaz Anjom, Pharm.D

Senior Director of Research Pharmacy

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

*Will study be submitted to the Clinical Trials Offices?*     Yes    No

Anticipated Start Date: \_\_\_\_\_ Approx duration: \_\_\_\_\_

Estimated # of patients \_\_\_\_\_

***Is this study being conducted under a CU Faculty-Held Investigational New Drug (IND)***

***application? Yes        No***        If yes, please list **all** products that are covered under the IND  
(i.e., all drugs that are listed in the IND May Proceed or IND Acknowledgment Letter)

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***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 \_\_\_\_\_

Effective February 1st, 2022, a new fee schedule has been implemented. This is applicable for all cost estimate requests submitted to the research pharmacy on or after February 1st, including new studies related to prior ones, such as studies involving subsequent phases or long-term monitoring. The prior fee schedule will continue to be honored for studies that are active prior to February 1st, 2022.

**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 listed "Principal Investigator Designee" will be the point-of-contact for receiving study invoices and billing information.*

*If this information changes throughout the duration of study, please email [IDS-Billing@columbia.edu](mailto:IDS-Billing@columbia.edu)*

***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.***