|  |  |
| --- | --- |
|  | **FORM – Financial reporting and estimate of project cost by Principal Investigator** |
| N° : AAHRPP-FORM-088 / REV  002 | N° ENGLISH VERSION : 237 |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Study title :

Acronym :

Sponsor :

Principal Investigator :

Brussel, xx/xx/20xx

I, the principal investigator of the above named study *(check all that apply)*:

[ ]  assures that all procedures for this clinical study are SOC and that there are no additional costs associated, nor for the statistical analyses that will be performed by *NAME, First Name, Title*

[ ]  certifies that it will assume all the additional financial costs described below

|  |
| --- |
| Specify the tasks that will be performed --> specify "non-standard" procedures and costs Specify the staff or department qualified to perform it --> who does what: study nurse/student, specimen collection center, radiology, laboratory, etc.Do not forget to include the investigator's / CRCM's working time + data management in this budget evaluation.The proposed budget must be broken down between the various items (investigator's fees, data management, medical/technical, patient travel expenses, etc.) |

Those additional costs incude :

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study procedures list** | **NO SOC ?**(Study procedures that are not part of routine patient follow-up) | **SOC ?**(Study procedures as part of routine patient follow-up) | **Activity performed by WHO?** | **On what working time?** | **Where?** | **Quantity** | **Cost /unit** | **Number of patients** | **Total (EURO)** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | . |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  | TOTAL amount |

I also certify that I have the necessary financial resources to cover this expense.

The research credit " ............ " or the account ............. with holder......... will cover the costs.

*Please note that costs specific to a clinical study can only be charged to a research account (D, E or Q account) or to a scientific account, but never to a clinic operating account*

**PI** : TITLE NAME First Name

Signature

**Account holder**: *(check a box)*

[ ]  PI

[ ]  Other : TITLE NAME First Name

Signature if account holder is not the PI