



Indicate Draft or  
Final  
<Date>

**Clinical Trial Budget Template**

<b>Summary at a Glance</b>	
Study Title	
Protocol #	
Project Timeframe:	
PI:	
Funding Source:	
Direct Costs:	
Indirect Costs:	
<b>TOTAL COSTS:</b>	

<b>Direct Costs Per Patient</b>					
Clinical Procedures	Procedural Fee	Professional Fee	Overhead Costs	Total Costs	Comments <sup>1</sup>
CT Scan					
X-Rays					
PET Scan					
Ultrasound					
MRI					
Physical Exam					
Specimen Labs					
Phlebotomy					
TOTAL					
1. Specify type of procedure: (i.e. Brain Ct vs Chest CT, etc.) insert additional rows to cover all items for Trial					

<b>Pass-Through Costs (Direct Non-Patient Related)</b>				
Fee Item	Quantity	Cost	Total Costs	Comments
Study Start-Up				
IRB Initial Review				
IRB Continuing Review				
Medicare Coverage Analysis				
Monitoring Fee				
IRB Amendment Fee				
Advertising				
Pharmacy Fee				
Equipment/Supplies				
Record Retention Fee				
Screen Failures				
Stipends				
Close-Out				
Other				
TOTAL				