



**Provide all of the information in the space provided below.**

Protocol Number  
(alternative identifier if no number assigned): \_\_\_\_\_

Protocol Full Title: \_\_\_\_\_

Protocol Version (Date): \_\_\_\_\_

Study Type: \_\_\_\_\_ IND/IDE \_\_\_\_\_ NSR-only \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

CCR Branch: \_\_\_\_\_

Projected Number of Participants: \_\_\_\_\_

Number of Study Visits – for each participant per protocol: \_\_\_\_\_

Number of Sites: \_\_\_\_\_

Active Enrollment Period – from initiation to last participant enrolled (in years): \_\_\_\_\_

Total Duration of Study – from initiation to last participant last visit (in years): \_\_\_\_\_

Active Duration per Participant – from enrollment to last visit, last cycle (in years): \_\_\_\_\_

Total Duration per Participant – from enrollment to last follow-up visit (in years): \_\_\_\_\_


OSRO DSMB or SMC utilization: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Table completed by:

Sign: \_\_\_\_\_

Name:

Title:

	Office of Sponsor and Regulatory Oversight	Document #: <b>F05-202-S01</b>
	<b>Cost Estimation Request for CCR Sponsored Studies</b>	Revision #: <b>5</b>
		Effective Date: <b>14MAY2024</b>

Notes / Comments / Disclaimers:

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Regulatory	
Operations	
Safety	
<b>Total OSRO Cost Estimation of Study:</b>	

Cost estimate provided by:

Sign: \_\_\_\_\_

Name:

Title: