



Hôpital St-Boniface General
général Hospital

Protocol and Project Feasibility Review

Protocol Title / Identifier: _____

Sponsor: _____

Phase: _____

Proposed start-date: _____

Total length of study: _____

Number of other Investigators: _____

Number of patients overall: _____

Has the study started enrolling? No Yes

US Canada UK Other

Number of patients for our site: _____

Number of visits/pt: _____

Length of study participation/pt: _____

Total study budget: \$ _____

Total payment per patient: \$ _____

Internal costs

-overhead \$ _____
-start-up \$ _____
-close-out \$ _____
-central lab processing \$ _____
-other _____ \$ _____

-PI \$ _____
-Nursing \$ _____
-Lab \$ _____
-other \$ _____

total \$ _____

External costs

-IRB fees \$ _____
-blood work \$ _____
-other _____ \$ _____

-advertising \$ _____
-pt honoraria \$ _____
-other \$ _____

total \$ _____

Estimated number of patients available from database/clinic: _____

Additional patients available from:

notes

Investigator experience with this protocol design:

Nursing / Co-ordinator experience with this type of protocol design/procedures:

Clinic facilities / equipment available to support procedures:

Lab facilities / equipment available to support procedures:

Feasibility assessment: