

First Name – Last Name:		
Office Address:		
Contact Number:	Office:	
	Mobile:	
	Fax:	
Email:		
Preferred Contact by:	<input type="checkbox"/> Telephone (Office) <input type="checkbox"/> Telephone (Mobile) <input type="checkbox"/> Email	
Best Time Contact:	Day: _____ (Mon – Fri) Time: _____	

Study Title:	
Research Type:	<input type="checkbox"/> Observational Study <input type="checkbox"/> Descriptive Study: <input type="checkbox"/> Cross-Sectional Study <input type="checkbox"/> Longitudinal Study <input type="checkbox"/> Retrospective Study <input type="checkbox"/> Analytical Study: <input type="checkbox"/> Cross-Sectional Study <input type="checkbox"/> Cohort Study <input type="checkbox"/> Case-control Study
	<input type="checkbox"/> Experimental Study <i>Clinical Research:</i> <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Phase IIIb <input type="checkbox"/> Phase IV <i>Randomization:</i> <input type="checkbox"/> Randomization <input type="checkbox"/> Non-Randomization <i>Blinding:</i> <input type="checkbox"/> Opened-label <input type="checkbox"/> Single-Blind <input type="checkbox"/> Double-Blind
Funding/Grant:	<input type="checkbox"/> Domestic Grant; please specify _____ <input type="checkbox"/> Industry-Sponsored
Sample Size:	Recruitment Target _____ % Screening Failure _____ <input type="checkbox"/> Not Applicable
Study Timelines:	Total Study Duration = _____ Weeks/ Months/ Years Recruitment Period = _____ Weeks/ Months/ Years Expected date of First Patient First Visit = _____ Expected date of Data Base Locked = _____
Investigational Product:	Oral: <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Powder Injection: <input type="checkbox"/> Intravenous (IV) <input type="checkbox"/> Intramuscular (IM) <input type="checkbox"/> Subcutaneous (SC) <input type="checkbox"/> Intradermal (ID) Locally Acting Product: <input type="checkbox"/> Skin Topical Products (Cream/ Gel/ Ointments/ Lotions) <input type="checkbox"/> Transdermal Pad <input type="checkbox"/> Nasal Spray <input type="checkbox"/> Inhaler <input type="checkbox"/> Ophthalmology products

Pharmacy Services <input type="checkbox"/> N/A			
<input type="checkbox"/>	Investigational Product (IP) Storage – Room Temperature (15-25 °C)	<input type="checkbox"/>	Investigational Product Storage – Refrigerated Temperature (2-8 °C)
<input type="checkbox"/>	IP Dispensing / Counseling	<input type="checkbox"/>	IP accountability
<input type="checkbox"/>	IP Order and Return/Destruction	<input type="checkbox"/>	Monitoring IP Storage Conditions <input type="checkbox"/> Temperature range _____ °C <input type="checkbox"/> Humidity range _____ %
<input type="checkbox"/>	IP Randomization - IVRS	<input type="checkbox"/>	IP Randomization - manually
<input type="checkbox"/>	IV preparations for non-invasive IP	<input type="checkbox"/>	IV preparations for invasive IP e.g. Chemotherapy preparation
Other anticipated Pharmacy Services, Please specify:			
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Facilities/Space Services <input type="checkbox"/> N/A			
<input type="checkbox"/>	Outpatient Clinic - Number of examination room per visit = _____ - Number of patients per visit (expected) = _____	<input type="checkbox"/>	PK Clinic <input type="checkbox"/> Day time _____ hours <input type="checkbox"/> Overnight at CRC
<input type="checkbox"/>	Bed for study subject - OPD <input type="checkbox"/> Day time _____ hours <input type="checkbox"/> Overnight at CRC	<input type="checkbox"/>	In-Patient at King Chulalongkorn Memorial Hospital; Admission for _____ days
<input type="checkbox"/>	Meeting room (Study team meeting, teleconference) Frequency <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other, _____	<input type="checkbox"/>	Study equipment storage
<input type="checkbox"/>	Document storage	<input type="checkbox"/>	Laboratory kits storage
<input type="checkbox"/>	Fax, Telephone for study related activities		
Other anticipated Facilities/Space Services, Please specify:			
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Blood Sample Processing/ Analysis <input type="checkbox"/> N/A							
<input type="checkbox"/>	CBC	<input type="checkbox"/>	GLUCOSE	<input type="checkbox"/>	BUN	<input type="checkbox"/>	CREATININE
<input type="checkbox"/>	CHOLESTEROL	<input type="checkbox"/>	TRIGLYCERIDE	<input type="checkbox"/>	HDL CHOLESTEROL	<input type="checkbox"/>	LDL CHOLESTEROL
<input type="checkbox"/>	URIC ACID	<input type="checkbox"/>	TOTAL PROTEIN	<input type="checkbox"/>	ALBUMIN	<input type="checkbox"/>	BILIRUBIN (TOTAL&DIRECT)
<input type="checkbox"/>	AST	<input type="checkbox"/>	ALT	<input type="checkbox"/>	LDH	<input type="checkbox"/>	CPK
<input type="checkbox"/>	LACTATE	<input type="checkbox"/>	CALCIUM	<input type="checkbox"/>	MAGNESIUM	<input type="checkbox"/>	SODIUM
<input type="checkbox"/>	CALCIUM	<input type="checkbox"/>	POTASSIUM	<input type="checkbox"/>	CHLORIDE	<input type="checkbox"/>	CO ₂
<input type="checkbox"/>	PHOSPHORUS	<input type="checkbox"/>	CREATININE	<input type="checkbox"/>	TSH	<input type="checkbox"/>	PBMC
<input type="checkbox"/>	Other, (please specify) _____ _____						
Urinalysis <input type="checkbox"/> N/A							
<input type="checkbox"/>	Urine Protein	<input type="checkbox"/>	Urine Creatinine	<input type="checkbox"/>	Urine Pregnancy Test	<input type="checkbox"/>
Frozen Samples Storage <input type="checkbox"/> N/A							
<input type="checkbox"/>	Blood Sample			<input type="checkbox"/>	Urine Sample		
Temperature: <input type="checkbox"/> -20 to -80 °C <input type="checkbox"/> Specific temperature _____ °C							
Total Number of Sample Tubes: Blood Samples = _____ tubes / subject Total _____ tubes for _____ subjects							
Urine Samples = _____ tubes / subject Total _____ tubes for _____ subjects							
Storage Period: _____ Days/ Weeks/ Months/ Years							
Other Storage Requirements (please specify) _____ _____							
Shipment Process for Sample <input type="checkbox"/> N/A							
Courier:							
Courier Contact Detail:							
Shipping Address:							

Other anticipated Laboratory Services, Please specify:

Preparation Phase			
<input type="checkbox"/>	Design data management plan	<input type="checkbox"/>	Develop plan for data analysis
<input type="checkbox"/>	CRF Design - Paper	<input type="checkbox"/>	CRF Design – Electronic (stand-alone system)
Implementation Phase			
1) Data Management			
<input type="checkbox"/>	CRF Processing/Filing	<input type="checkbox"/>	Coding of medical data (only Items to be code)
<input type="checkbox"/>	Data entry and verification	<input type="checkbox"/>	Audit (Source document vs. CRF vs. Queries vs. Database)
<input type="checkbox"/>	Data validation and query generation	<input type="checkbox"/>	Data cleaning & data base close-up
<input type="checkbox"/>	Query Management (running validation routine, errors resolutions)	<input type="checkbox"/>	Web-based Routine data monitoring report in a standard format
2) Statistical Analysis			
<input type="checkbox"/>	Prepare a data file for statistical analysis	<input type="checkbox"/>	Perform the analysis and write the RESULTS section of the report
<input type="checkbox"/>	Prepare a batch file for statistical analysis	<input type="checkbox"/>	Quality control for statistical analysis
<input type="checkbox"/>	Write statistical method in the METHODS section of the report	<input type="checkbox"/>	Write statistics-related issues in the DISCUSSIONS section of report
<input type="checkbox"/>	Programming for reporting template (on request)	<input type="checkbox"/>	Consulting only

Please specify additional requirements or any supports should you need from ChulaCRC.

I hereby confirm that the information mentioned in this checklist is true to best of my knowledge and would like to request the most accurate cost estimate for all services and facilities at ChulaCRC.

Investigator name: _____

Investigator Signature: _____

Date: _____

*Please return the completed checklist and kindly **attach the Protocol or Synopsis** to: ChulaCRC office, Faculty of Medicine, Chulalongkorn University, 7th Floor, Aor.Por.Ror. Building, Rama IV Road, Bangkok, Thailand, 10330.*

Draft budget will be proposed within 5-10 working days after received completed checklist. For more information please contact 3547 or 02-251 6704.