



OPHTHALMOLOGY COST ESTIMATE FORM

Date:

Instructions: The following information must be submitted to Edylin Bautista (mmb2225@columbia.edu, ext. 3055922) in the Ophthalmology Department prior to the Clinical Trials Office approving the study budget for technical fees.

Please provide a copy of the protocol, Case Report Forms, Ophthalmology Manuals with this submission.

Please include Bonnie Wang (bw2144@columbia.edu, ext. 3059601) as a sign off in RASCAL.

TO BE COMPLETED BY P.I./COORDINATOR

	Name	Email	Phone Number
Principal Investigator			
Study Coordinator			
Administrator			

Study Title:

IRB #:

Estimated Number of Patients to be enrolled on Study:

Approximate Start Date:

Approximate End Date:

Will you need certification for the procedures (OCT, Visual Fields)?

Will this study utilize a reading center? Name:

Please identify procedures that will use a reading center below.

NIH or Industry **Please Check One**

Notes:

Requested Exam	Estimated Frequency Per Patient for Duration of Study	Needs copies, backup, reading center transmission for images or special requests?

TO BE COMPLETED OPHTHALMOLOGY for fees

CPT code	Procedure (both eyes)	Price

Please ensure to identify any services required to conduct study that would be above & beyond the standard, routine patient care.