

Trial Cost Analysis Trial: Knee Surgery Study Sponsor: Principal Investigator: Hillary Resendes Total Enrollment: 8

| Site Resources Available | | | |
|--------------------------|----------------------|-------------|------------|
| | Coordinator | Rate = | \$50.00 |
| | CRA | Rate = | \$45.00 |
| | Investigator | Rate = | \$300.00 |
| | Site Director | Rate = | \$65.00 |
| Trial Participation Fees | | | |
| Administration | Institutional IT Fee | | \$500.00 |
| | IRB Fee | | \$2,000.00 |
| | Surgery Setup Fee | | \$500.00 |
| | | Total Fees: | \$3,000.00 |

Analysis Results

| Pre-Trial | Visit | # P | \$ PP | \$ PT |
|-----------|------------------------------|-----|------------|-------------|
| | Pre-Trial Work and Resources | 8 | \$504.38 | \$4,035.00 |
| Screening | Visit | # P | \$ PP | \$ PT |
| | Visit 01 - Screening | 8 | \$1,775.50 | \$14,204.00 |
| Protocol | Visit | # P | \$ PP | \$ PT |
| | Visit 2 - Surgery | 8 | \$2,725.00 | \$21,800.00 |
| | Visit 3 - Week 1 | 8 | \$200.00 | \$1,600.00 |
| | Visit 4 - Week 3 | 8 | \$1,188.00 | \$9,504.00 |
| | Visit 5 - Month 3 | 8 | \$150.00 | \$1,200.00 |
| | Visit 6 - Month 6 | 8 | \$1,275.50 | \$10,204.00 |
| | Visit 7 - Month 12 | 8 | \$1,825.50 | \$14,604.00 |
| | Visit 8 - Month 18 | 8 | \$237.50 | \$1,900.00 |
| | Visit 9 - Month 24 | 8 | \$1,275.50 | \$10,204.00 |
| | Visit 10 - Month 30 | 8 | \$150.00 | \$1,200.00 |
| | Visit 11 - Month 36 | 8 | \$1,275.50 | \$10,204.00 |
| | Visit 12 - Month 42 | 8 | \$150.00 | \$1,200.00 |



Sponsor:

Principal Investigator: Hillary Resendes

Total Enrollment: 8

| | Visit 13 - Month 48 | 8 | \$1,350.50 | \$10,804.00 |
|------------|-----------------------------|--------|------------|--------------|
| Optional | Visit | # P | \$ PP | \$ PT |
| Post-Trial | Visit | # P | \$ PP | \$ PT |
| | Post-Trial per Patient Work | 8 | \$517.50 | \$4,140.00 |
| | Post-Trial Project Work | 8 | \$718.75 | \$5,750.00 |
| | Trial T | otals: | | \$122,553.00 |
| | Participant Ave | erage: | | \$15,319.13 |

Final Results

Per Participant

| Project Expenditures | \$15,319.13 |
|-----------------------------|--------------|
| Direct Overhead (15.00 %) | \$2,297.87 |
| Indirect Overhead (10.00 %) | \$1,531.91 |
| Total Project Expenses | \$19,148.91 |
| | |
| Negotiated Price | \$14,030.00 |
| Startup Fees | \$0.00 |
| Total Offer | \$14,030.00 |
| | |
| Financial Results | (\$5,118.91) |
| Margin Analysis | (36.49%) |
| | |



Sponsor:

Principal Investigator: Hillary Resendes Enrollment: 8

| tivity | P/T | Cost Type (Site Role/Vendor) | Hours | Cost |
|-----------------------------------|-----|------------------------------|--------------|------------|
| e-Trial Work and Resources | | | | |
| Contract Review | Т | R: Investigator | .40 | \$120.00 |
| Contract Review | т | R: Coordinator | 2.25 | \$112.50 |
| Cost Analysis | т | R: Coordinator | 2.75 | \$137.50 |
| Cost Analysis | т | R: Investigator | .25 | \$75.00 |
| Cost Analysis | т | R: Site Director | 2.50 | \$162.50 |
| IRB Meeting Presentation | т | R: Coordinator | .50 | \$25.00 |
| IRB Meeting Presentation | т | R: Investigator | .75 | \$225.00 |
| IRB Response | т | R: Coordinator | 1.50 | \$75.00 |
| Pharmacy Preparation | т | R: Coordinator | 2.00 | \$100.00 |
| Project Start-up Preparation | т | R: Coordinator | 2.75 | \$137.50 |
| Project Start-up Preparation | т | R: Investigator | .25 | \$75.00 |
| Protocol Analysis | т | R: Coordinator | 5.50 | \$275.00 |
| Protocol Analysis | т | R: Investigator | .85 | \$255.00 |
| Regulatory Preparation | Т | R: Coordinator | 8.75 | \$437.50 |
| Regulatory Preparation | Т | R: Investigator | .75 | \$225.00 |
| Regulatory Preparation | Т | R: CRA | 4.50 | \$202.50 |
| Sponsored Projects Administration | Т | R: Coordinator | 2.75 | \$137.50 |
| Sponsored Projects Administration | Т | R: Investigator | .50 | \$150.00 |
| Sponsored Projects Administration | Т | R: Site Director | 1.50 | \$97.50 |
| Study Initiation Meeting | т | R: Coordinator | 4.00 | \$200.00 |
| Study Initiation Meeting | Т | R: Investigator | .75 | \$225.00 |
| Study Initiation Meeting | Т | R: CRA | 3.00 | \$135.00 |
| Training - Clinic Nursing Staff | Т | R: Coordinator | 2.00 | \$100.00 |
| Training - Hospital Lab | Т | R: Coordinator | 2.00 | \$100.00 |
| Training - Hospital Nursing Staff | Т | R: Coordinator | 2.00 | \$100.00 |
| Training - Pharmacy | т | R: Coordinator | 1.00 | \$50.00 |
| Training - Physicians | Т | R: Coordinator | 1.00 | \$50.00 |
| Training - Scheduling Staff | Т | R: Coordinator | 1.00 | \$50.00 |
| | | | Participant: | \$0.00 |
| | | | Trial: | \$4,035.00 |

Visit 01 - Screening



Sponsor:

| ctivity | P/T | Cost Type (Site Role/Vendor) | Hours | Cost |
|-----------------------------|-----|------------------------------|--------------|--------------|
| Alignment X-Ray | Р | Vendor | | \$150.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 2.00 | \$100.00 |
| Documentation Requirements | Р | R: Coordinator | 2.00 | \$100.00 |
| Informed Consent | Р | R: Coordinator | .75 | \$37.50 |
| Medical History | Р | R: Coordinator | ***BILL TO | INSURANCE*** |
| Merchant X-Ray | Р | Vendor | | \$150.00 |
| MRI | Р | Vendor | | \$1,038.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | ***BILL TO | INSURANCE*** |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| Roseberg X-Ray | Р | Vendor | | \$150.00 |
| | | | Participant: | \$1,775.50 |
| | | | Trial: | \$0.00 |
| isit 2 - Surgery | | | | |
| Brace | Р | Vendor | | \$350.00 |
| CAIS Surgical Expense | Р | Vendor | | \$0.00 |
| Concomitant Medications | Р | R: Coordinator | .50 | \$25.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 5.00 | \$250.00 |
| CPM Rental | Р | Vendor | | \$1,800.00 |
| Documentation Requirements | Р | R: Coordinator | 2.50 | \$125.00 |
| PI Oversight | Р | R: Investigator | .50 | \$175.00 |
| Surgical Expense | Р | Vendor | ***BILL TO | INSURANCE*** |
| Urine Pregnancy Test | Р | Vendor | | \$0.00 |
| | | | Participant: | \$2,725.00 |
| | | | Trial: | \$0.00 |
| isit 3 - Week 1 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.50 | \$75.00 |
| Documentation Requirements | Р | R: Coordinator | 1.50 | \$75.00 |
| Patient Stipend | Р | Participant | | \$50.00 |



Sponsor:

| Activity | P/T | Cost Type (Site Role/Vendor) | Hours | Cost |
|-----------------------------|-----|------------------------------|--------------|--------------|
| Physical Exam | Р | R: Investigator | ***BILL TO | INSURANCE*** |
| | | | Participant: | \$200.00 |
| | | | Trial: | \$0.00 |
| Visit 4 - Week 3 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.00 | \$50.00 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |
| MRI | Р | Vendor | | \$1,038.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | ***BILL TO | INSURANCE*** |
| | | | Participant: | \$1,188.00 |
| | | | Trial: | \$0.00 |
| Visit 5 - Month 3 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.00 | \$50.00 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | ***BILL TO | INSURANCE*** |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| | | | Participant: | \$150.00 |
| | | | Trial: | \$0.00 |
| /isit 6 - Month 6 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.00 | \$50.00 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |
| MRI | Р | Vendor | | \$1,038.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |



Sponsor:

| Activity | P/T | Cost Type (Site Role/Vendor) | Hours | Cost |
|-----------------------------|-----|------------------------------|--------------|------------|
| Physical Exam | Р | R: Investigator | .25 | \$87.50 |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| | | | Participant: | \$1,275.50 |
| | | | Trial: | \$0.00 |
| /isit 7 - Month 12 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Alignment X-Ray | Р | Vendor | | \$150.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 2.00 | \$100.00 |
| Documentation Requirements | Р | R: Coordinator | 2.00 | \$100.00 |
| Merchant X-Ray | Р | Vendor | | \$150.00 |
| MRI | Р | Vendor | | \$1,038.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | .25 | \$87.50 |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| Roseberg X-Ray | Р | Vendor | | \$150.00 |
| | | | Participant: | \$1,825.50 |
| | | | Trial: | \$0.00 |
| /isit 8 - Month 18 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.00 | \$50.00 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | .25 | \$87.50 |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| | | | Participant: | \$237.50 |
| | | | Trial: | \$0.00 |
| /isit 9 - Month 24 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |



Sponsor:

| ctivity | P/T | Cost Type (Site Role/Vendor) | Hours | Cost |
|-----------------------------|-----|------------------------------|--------------|--------------|
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.00 | \$50.00 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |
| MRI | Р | Vendor | | \$1,038.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | .25 | \$87.50 |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| | | | Participant: | \$1,275.50 |
| | | | Trial: | \$0.00 |
| ísit 10 - Month 30 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.00 | \$50.00 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | ***BILL TO | INSURANCE*** |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| | | | Participant: | \$150.00 |
| | | | Trial: | \$0.00 |
| isit 11 - Month 36 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.00 | \$50.00 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |
| MRI | Р | Vendor | | \$1,038.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | .25 | \$87.50 |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| | | | Participant: | \$1,275.50 |



Sponsor:

Principal Investigator: Hillary Resendes

Enrollment: 8

| Activity | P/T | Cost Type (Site Role/Vendor) | Hours | Cost |
|---|-----|------------------------------|--------------|--------------|
| | | | Trial: | \$0.00 |
| Visit 12 - Month 42 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.00 | \$50.00 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | ***BILL TO | INSURANCE*** |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| | | | Participant: | \$150.00 |
| | | | Trial: | \$0.00 |
| Visit 13 - Month 48 | | | | |
| Adverse Events | Р | R: Coordinator | .00 | \$0.00 |
| Concomitant Meds | Р | R: Coordinator | .00 | \$0.00 |
| Coordinator Time and Effort | Р | R: Coordinator | 1.50 | \$75.00 |
| Documentation Requirements | Р | R: Coordinator | 2.00 | \$100.00 |
| MRI | Р | Vendor | | \$1,038.00 |
| Pain Scale, KOOS, Tegner | Р | Vendor | | \$0.00 |
| Patient Stipend | Р | Participant | | \$50.00 |
| Physical Exam | Р | R: Investigator | .25 | \$87.50 |
| Questionnaire | Р | R: Coordinator | .00 | \$0.00 |
| | | | Participant: | \$1,350.50 |
| | | | Trial: | \$0.00 |
| Adverse Event Reporting | | | | |
| Adverse Event Reporting - Coordinator Time | Ρ | R: Coordinator | 6.00 | \$300.00 |
| | | | Participant: | \$300.00 |
| | | | Trial: | \$0.00 |
| Unscheduled Visit | | | | |
| Adverse Event Monitoring | Р | R: Coordinator | .20 | \$10.00 |
| Coordinator Time and Effort | Р | R: Coordinator | .75 | \$37.50 |
| Documentation Requirements | Р | R: Coordinator | 1.00 | \$50.00 |

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| Activity | P/T | Cost Type (Site Role/Vendor) | Hours | Cost |
|-----------------------------------|-----|------------------------------|--------------|-------------|
| | | | Participant: | \$97.50 |
| | | | Trial: | \$0.00 |
| Post-Trial per Patient Work | | | | |
| Chart Prep | Ρ | R: CRA | 1.50 | \$67.50 |
| Medical Records Completion | Р | R: Coordinator | 2.00 | \$100.00 |
| Medical Records Filing and Review | Р | R: Coordinator | 2.00 | \$100.00 |
| PI Record Review and Signature | Р | R: Investigator | .50 | \$150.00 |
| Scheduling | Р | R: Coordinator | 2.00 | \$100.00 |
| | | | Participant: | \$517.50 |
| | | | Trial: | \$0.00 |
| Post-Trial Project Work | | | | |
| Archiving | Т | R: Coordinator | 4.00 | \$200.00 |
| Documentation Queries | Т | R: Coordinator | 11.00 | \$550.00 |
| Host Monitor Visits | Т | R: Coordinator | 80.00 | \$4,000.00 |
| IRB Maintenance | Т | R: Coordinator | 20.00 | \$1,000.00 |
| | | | Participant: | \$0.00 |
| | | | Trial: | \$5,750.00 |
| | | Totals | Participant: | \$14,493.50 |
| | | | Trial: | \$9,785.00 |