Financial Clearance Form

INSTRUCTIONS:
- When requesting Financial Clearance, please type all information requested on this form and submit along with applicable documents to: grants@gmh.edu
- Contact the Office of Grant Administration with any questions at 404.616.5791

Financial Clearance (Include applicable documents identified below):
- [ ] Protocol
- [ ] Medicare Coverage Analysis
- [ ] Informed Consent – Sponsor Draft
- [ ] Clinical Trial Agreement
- [ ] Drug Study: IND# ______
- [ ] Device Study: IDE# ______
- [ ] Prospective Reimbursement Analysis
- [ ] FDA Approval Letter

CONTACT INFORMATION:
- Requesting Organization: [ ] Emory [ ] Morehouse [ ] Other: ______
- Principal Investigator: ______ E-mail: ______ Phone: ______
- Research Coordinator: ______ E-mail: ______ Phone: ______

STUDY INFORMATION:
- Submission Category: [ ] New [ ] Renewal [ ] Modification / Amendment
- Full Study Title: ______
- Study acronym: ______
- IRB#: ______ IRB Expiration Date: ______
- Sponsor: ______
- Funding Source: [ ] Federal [ ] Foundation [ ] Industry [ ] Other: ______
- Estimated # of Subjects: ______
- Estimated Start Date: ______
- Length of Study: ______

Location of Research (Where subjects will be seen):
- [ ] Main Hospital, Room number:______ [ ] Infectious Disease Center / Ponce de Leon Center
- [ ] CIN/ACTSI/GCRC [ ] Other: ______
- [ ] Neighborhood Clinic

Type of Study:
- [ ] Clinical Trial
- [ ] Survey
- [ ] Registry
- [ ] Medical Records/ Chart Review
- [ ] Other: ______

Will the study require Grady to receive for free or to purchase any patient supplies or equipment from sponsor? [ ] Yes [ ] No IF YES, please explain: ______

Will the study utilize any Grady staff for items or services not charged with a CPT code, i.e. nursing staff time, etc.? [ ] Yes [ ] No IF YES, please explain: ______

Will a subcontract or other contractual arrangement be required? [ ] Yes [ ] No [ ] Unknown

Will the study require Pharmacy? [ ] Yes [ ] No

GRADY DEPARTMENTS INVOLVED:
- [ ] Laboratory and Pathology
- [ ] Radiology
- [ ] Pharmacy
- [ ] Cardiology
- [ ] Other: ______

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<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Quantity (Per Subject)</th>
<th>EAP Code (GHS Use Only)</th>
<th>Price per Unit (GHS Use Only)</th>
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OGA_Financial Clearance Form
Last Updated: 2.13.12
### Other Costs:

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<th>Administration</th>
<th>Applicable F&amp;A Rate</th>
<th>N/A</th>
<th>N/A</th>
<th>Industry @ 25%</th>
<th>Federal @ 32.8%</th>
<th>Other: ______</th>
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### Additional Comments:

**Disclaimer:** This Financial Clearance is being granted based on the information provided to Office of Grant Administration (OGA) by the study research personnel. It is the responsibility of the Principal Investigator and Research Coordinator to resubmit this application form in the event that the above information changes, particularly with modification of billable items/services and utilization of Grady resources (staff, supplies, equipment, etc.).

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**OFFICE OF GRANT ADMINISTRATION USE ONLY**

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<th>OGA Approval:</th>
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