



St. Louis Children's Hospital Clinical Study Technical Pricing Request Form

NOTE: ALL PRICING IS BASED ON CPT4 CODE AS FOUND IN THE CURRENT YEAR CPT MANUAL PRODUCED BY THE AMA. Lab cpt4 codes can be obtained from the Lab Test Guidebook at http://slchlabtestguide.bjc.org

Please ensure the Laboratory and Radiology services can be provided by St. Louis Children's Hospital by completing the Research Request for Radiology and Laboratory at Children's Hospital on the CCS Website at https://clinicalstudies.wustl.edu/

Date Requested:

Contact/ Person requesting:

PI (Principal Investigator) :

Study Title/ Description:

IRB (if possible):

Protocol #:

Sponsor (non-Industry or industry):

Approximate number of Patients

Duration of Study

Number of Hospital encounters and over what period of time

HCPC/CPT (list all CPT4 codes for services to be involved in study) . Failure to provide CPT4 codes will result in pricing delays.

Will Minor Sedation be required - if so, please indicate Yes and expected Recovery time

If Surgical Procedure - Please identify expected OR/Recovery Time

If Surgical procedure - please identify if General Anesthesia will be used

Inpatient Days - Please list the number of days involved

Observation Days - Please list the number of days involved

Will Home medications be continued during the hospital related service? If yes, please list all medications

Will Investigational Devices be used in this study? If Yes, list type of device

Will Research equipment (not hospital based) be used? If Yes, please list all equipment

Will SLCH Personnel be involved - Please list the services to be provided ie: Respiratory therapists, Phlebotomists

REMARKS - Please list any additional criteria/information associated with the study which would involve hospital technical services (ie: high dollar pharmacy/Supply items required)

Have you discussed this approach with the appropriate Clinical Leaders? If Yes, who

The Study Investigator is responsible for obtaining pricing for professional fees related to Radiology, Anesthesiology, etc.

Forward completed form to SLCH Finance Department - email research@bjc.org Pricing estimates have a 2 week turnaround time.

UPON IRB APPROVAL - The Study Investigator must complete the BJC Clinical Trials RCAST Form on the CCS Website - this will ensure registration and billing is done properly

DO NOT WRITE BELOW THIS LINE - For SLCH Finance Pricing info only

Finance Completion contact and Date

This discounted estimate represents Children's Hospital technical fees only and does not include professional fees (physician, radiologist, anesthesiologist, etc) or take home pharmacy items. This is just an estimate, and is based on charges incurred on past cases with the same or like procedures. Actual charges may vary based upon usage of supplies, recovery, OR time, etc. This estimate is per patient, per procedure, per visit. Pricing estimates are for the calendar year requested and will have a 3% escalation for each additional calendar year

Table with 5 columns: Services Requested - Description, CPT4, Unit, Sponsor discounted price per unit, and SLCH FINANCE COMMENTS. The table contains multiple empty rows for data entry.