

University of Colorado Denver
CLINICAL TRIALS REQUIRED FORM
EFFORT COMMITMENT AND CERTIFICATION

Grants and Contracts No. _____ Date _____

To be submitted to Grants and Contracts with all clinical trial contract agreements along with the Approval of Application for Grant or Contract (Routing Form).

1. CU Denver employees working on this project and their estimated effort that will not be billed and accounted for through patient care expenses (non-UPI effort) include:

Employee Name

Estimated Effort Per Patient

2. In addition to or in lieu of the effort listed above being reflected on this program/project, will patient care expenses be billed to this project, including employee(s) time accounted through clinical effort (UPI effort)? Yes ☐ No ☐ Please explain:

Comments:

PRINCIPAL INVESTIGATOR: My signature certifies that:

1. I understand that faculty and staff who dedicate time and effort to the conduct of the clinical trial should have a proportionate amount of their compensation charged to the clinical trial, or in lieu of the proportionate faculty salary being charged to the clinical trial, related faculty services should be billed to the clinical trial through UPI. A combination of these methods to charge the clinical trial for the service may be implemented and effort shall be allocated accordingly.
2. I understand that clinical trial data collection and analysis expenditures are billed appropriately to the clinical trial and not any medical insurance carriers.
3. I understand that patient care billed to a third party commercial or governmental insurance plan is in accordance with their requirements.
4. I understand that any income associated with this clinical trial must be deposited into the UCD financial system through Grants and Contracts.
5. I understand that I am required to complete a Conflict of Interest Disclosure on an annual basis and in accordance with University Policy. See Conflict of Interest homepage for more information:
<http://www.ucdenver.edu/academics/research/AboutUs/regcomp/conflictinterest/Pages/default.aspx>
6. I understand that as Principal Investigator it is my responsibility to apply the accounting practices of allowability, allocability, and reasonableness for costs associated with the agreement, and that any cost allocable to a particular agreement may not be shifted to other sponsored agreements, to other government or commercial health insurance payers or to the patient.

Principal Investigator

Date