

CLOSEOUT CHECKLIST FOR CLINICAL TRIALS
Please return to OSR within 60 days of the end date of the award

AWARD		PI	
SPO #		DEPARTMENT	

	NAME	PHONE	EMAIL
AWARD MANAGER			
OSR ACCOUNTANT			
CT RPM			

Please notify OSR Accountant if the following apply

- Formal request for time extension is pending
 Additional funding is pending

SECTION 1 - DEPARTMENT

CONFIRMATION OF FUNDS, EXPENSES & COMMITMENTS (must complete all reviews listed below in order to close contract)

- Oracle AR History shows receipts = \$ _____
 Funds received match the expected payment amount based on enrollment and patient completion of study activities
 Appropriate PI effort has been charged
 Study Up Front Costs have been charged (IRB Fee, CT Development Fee, Pharmacy Set-up Fee, and CTRU Fee if applicable)
 Salary and hospital expense has been charged and reviewed in comparison to the budget and actual patient activity. Charges are appropriate and all necessary adjustments and waivers have been processed.
 Commitments have been cleared

STUDY PARTICIPANTS

- Approximate number of subjects that participated (i.e. completed, drop-outs, screen failures) in this study was _____.

BALANCE REMAINING

- YES / NO (if yes, check one of the boxes below and compete)
 Refund balance to the sponsor in the amount of \$ _____
 Transfer balance minus appropriate indirect costs to a DAAAA - FZZZZ award* for clinical trial residuals, PTA _____
Total Remaining Balance of \$ _____ - (minus) IDCs @ 25% or 28% \$ _____ = \$ _____ Direct Cost

If the Total Remaining Balance is equal to or greater than 25% of expenses, approval from SOM compliance officer is required before Direct Costs can be transferred to department account. Please submit a justification to explain the reason(s) for the variance between the budget and actual expenses to Mila Dacorro at mdacorro@stanford.edu.

****Department can send request for a designated revenue award to Gwenevere Mitchell, Fund Accounting at gmitchel@stanford.edu.***

IS THERE AN OVERDRAFT

- YES / NO (if yes, complete below)
 Overdraft will be guaranteed by PTA(s) _____

Reviewed/Approved by _____ Date _____

SECTION 2 - OSR

- Reviewed terms of contract and verified any remaining earned balance is **not** required to be returned to the sponsor
 Opened overdraft cost sharing account, if applicable
 Transferred unexpended balance minus IDC to PI's designated account
 De-obligation completed and award status marked "on hold" or "closed"
 ARC: Updated status and entered close amount of \$ _____

Closeout prepared by _____ Date _____ Closeout reviewed by _____ Date _____