

**Appendix A**

**DESIGNATION OF REIMBURSEMENT FOR TRAVEL AND SUBSISTENCE (DRTS)  
FOR NIH INTRAMURAL CLINICAL RESEARCH PROTOCOLS**

**Protocol Number:** \_\_\_\_\_ **Institute/Center:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_ **CAN** (Common Accounting Number): \_\_\_\_\_

**Protocol Title:** \_\_\_\_\_

**Points to Consider in Establishing Reimbursement for Protocol**

In determining the reimbursement, the following factors affecting recruitment are considered applicable to this protocol.

**Disease Characteristics:** Check all that apply.

- Rare disease                       Common disease  
 Sick participant population       Healthy participant population       Mixed participant population (sick & healthy)

**Benefit/Burden to Participants:** Check all that apply

- Direct benefit possible ( Direct benefit possible with treatment)                       No benefit  
 Demanding protocol regimen                       Easy protocol regimen                       Varied protocol regimen  
 Participant disability                       No participant disability

**Scientific Need:** Check all that apply

- Participants would likely not participate unless reimbursed  
 Geographically dispersed participant population required                       Local participant population

**Reimbursement Practices of Similar Protocols:**

- The following protocols with similar characteristics or treating a common diagnosis have been considered and reimburse at a similar rate (insert protocol numbers or IC-specific standard rate) \_\_\_\_\_

**Protocol-specific Reimbursement Rate** (complete each box and fill in \$0 if no reimbursement provided)

<b>Air/Train Travel</b>	<input type="checkbox"/> Protocol-specific rate for air/train: _____% of Government rate per round trip (up to maximum rate \$_____) (View Government airfare rates at <a href="http://www.gsa.gov/citypairsearch">www.gsa.gov/citypairsearch</a> )	
<b>Local Transportation</b> (≤50 miles from home)	<input type="checkbox"/> Protocol-specific rate for car mileage: _____ ¢ per mile (Government rate for car mileage is 58.5¢ per mile)	<input type="checkbox"/> This protocol <b>will</b> cover taxi/train/bus costs.
<b>Long Distance Transportation</b> (>50 miles from home)	<input type="checkbox"/> Protocol-specific rate for car mileage: _____ ¢ per mile (Government rate for car mileages is 58.5¢ per mile)	<input type="checkbox"/> This protocol <b>will</b> cover taxi/train/bus costs.
<b>Meals for long distance travelers</b> (>50 miles from home)	<input type="checkbox"/> Protocol-specific rate for meals: \$_____ per day (Government rate for meals is \$64 per day)*	
<b>Lodging</b>	<input type="checkbox"/> Protocol-specific rate for lodging: \$_____ per night (Government rate for lodging is \$201 per night)*	
	Children's Inn: <input type="checkbox"/> This protocol <b>will</b> cover costs of The Children's Inn.	
	Family Lodge: <input type="checkbox"/> This protocol <b>will</b> cover costs of The Family Lodge.	
<b>Guardian Coverage</b>	<input type="checkbox"/> Reimbursement <b>will</b> be provided for guardian(s) at the flat rate of \$_____ per night.	
<b>Screening Visit</b>	<input type="checkbox"/> Reimbursement <b>will</b> be provided at the above rate. <input type="checkbox"/> Reimbursement <b>will not</b> be provided. <input type="checkbox"/> Not applicable	
<b>Comments</b>		

PI Signature: \_\_\_\_\_

Date: \_\_\_\_\_