

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)

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

PI Signature: _____

Date: _____