

Clinical Trials Post Award

December 14, 2021

Sponsored Clinical Trial:

A research study that prospectively assigns human participants or groups of human participants to one or more health-related interventions to evaluate the effects on health outcomes, the costs for which are paid to LSUHSC-NO by a non-LSUHSC-NO entity such as, although not limited to, a pharmaceutical company.

DEFINITIONS

Clinical Trial Agreement (CTA): an agreement with the sponsor as to an amount and how reimbursement will be made per the clinical trial agreement.

IRB Fees: one-time and/or recurring expenses charged to most sponsored clinical trials by LSUHSC-NO's Institutional Review Board, which provides review and approval of all research projects involving the use of human subjects, with the purpose of protecting the rights and welfare of individuals participating in those projects.

ClinCards: reloadable debit cards that are used as a method of paying human clinical trial subjects for their trial participation or to reimburse them for participation-related expenses.

Management of Clinical Trial

Departments are responsible for ensuring that clinical trial expenditures and revenues are applied appropriately to the correct PeopleSoft Project.

BI Publisher reports are available to review project totals compared with budget totals

ZZGLX021

BU Summary Report All Groups

Sponsored Projects Administration (SPA) will send departments a list of clinical trials on a (monthly, quarterly, etc., basis). Departments should inform SPA if a trial has ended or if an IRB has been extended.

It is important for us to know if a clinical trial is active or concluded.

A bad end date can result in budget errors and/or processing issues for Prospective / Retrospective Per3 transactions.

Example of BI Publisher Report

LSUNO Summary Report

Run Date & Time: 7/30/2021 17:45:09 PM

As of Period: 12 Year: 2021

Acct	Description	A Prior YR Budg Bal	B Current YR Budg Adj	C Current YR Budg Bal	D Current Period Actual	E Fiscal YTD Actuals	F Project to Date Actuals	G Open Commitments	H Actuals plus Commitments	I Surplus/(Deficit) Budget Balance Available
Dept:1497600 - M_S-Multidisciplinary Proj: 1497600129B-966A-XXXX-9000-HEC-XXXX CFDA 93.107 Document No. 2021HP2910C3		Fund:113 F&A%: 8		Program:00001 PI:		Class:20200 Ref#: HRSA 2U77HP03041-21-00		Awd Title: MODEL STATE SUPPORTED AHEC		
420110	Federal Sponsored Programs	(95,455.00)	0.00	(95,455.00)	(17,438.36)	(67,374.92)	(67,374.92)	0.00	(67,374.92)	(28,080.08)
	Bud Level 42	(95,455.00)	0.00	(95,455.00)	(17,438.36)	(67,374.92)	(67,374.92)	0.00	(67,374.92)	(28,080.08)
Revenue		(95,455.00)	0.00	(95,455.00)	(17,438.36)	(67,374.92)	(67,374.92)	0.00	(67,374.92)	(28,080.08)
	Total Revenues	(95,455.00)	0.00	(95,455.00)	(17,438.36)	(67,374.92)	(67,374.92)	0.00	(67,374.92)	(28,080.08)
530000	Operating Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Bud Level 53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
540000	Supplies	12,892.00	0.00	12,892.00	0.00	0.00	0.00	0.00	0.00	12,892.00
540103	Taggable-Computer Hardware	0.00	0.00	0.00	0.00	2,203.00	2,203.00	0.00	2,203.00	(2,203.00)
546700	Office Supplies	0.00	0.00	0.00	0.00	146.15	146.15	0.00	146.15	(146.15)
547200	Other Supplies	0.00	0.00	0.00	0.00	1,044.21	1,044.21	0.00	1,044.21	(1,044.21)
	Bud Level 54	12,892.00	0.00	12,892.00	0.00	3,393.36	3,393.36	0.00	3,393.36	9,498.64
550000	Professional Services	75,492.00	0.00	75,492.00	0.00	0.00	0.00	0.00	0.00	75,492.00
557000	Subcontract & Consor-Spon Proj	0.00	0.00	0.00	6,607.39	70,317.49	70,317.49	0.00	70,317.49	(70,317.49)
	Bud Level 55	75,492.00	0.00	75,492.00	6,607.39	70,317.49	70,317.49	0.00	70,317.49	5,174.51
	Direct Expenses	88,384.00	0.00	88,384.00	6,607.39	73,710.85	73,710.85	0.00	73,710.85	14,673.15
590000	Facility & Admin Costs Recover	7,071.00	0.00	7,071.00	0.00	0.00	0.00	0.00	0.00	7,071.00
592000	F & A Costs Recov-Departments	0.00	0.00	0.00	0.00	70.58	70.58	0.00	70.58	(70.58)
595000	F & A Costs Recov-Admin	0.00	0.00	0.00	0.00	144.21	144.21	0.00	144.21	(144.21)
597000	F & A Costs Recov-Use Allow	0.00	0.00	0.00	0.00	56.67	56.67	0.00	56.67	(56.67)
	Bud Level 59	7,071.00	0.00	7,071.00	0.00	271.46	271.46	0.00	271.46	6,799.54
	Indirect Expenses	7,071.00	0.00	7,071.00	0.00	271.46	271.46	0.00	271.46	6,799.54
	Total Expenses	95,455.00	0.00	95,455.00	6,607.39	73,982.31	73,982.31	0.00	73,982.31	21,472.69
	Total for Project: 149760129B	0.00	0.00	0.00	(10,830.97)	6,607.39	6,607.39	0.00	6,607.39	21,472.69

Project Set Up

Upon receipt of a fully executed clinical trial agreement, departments are required to request a new project/chart string from SPA. The form is located on the SPA website.

https://www.lsuhs.edu/administration/accounting/sponsored_projects_links_pathways.aspx

Documents to submit with the request for new project/chart string include the following:

- Clinical Trial Agreement and/or Subaward agreement
- Copy of routing sheet / approval documentation from the Quali system
- Proof of regulatory approval (IRB/IBC) needed to conduct the clinical trial
- Medicare Cost Analysis
- 3 Keywords applicable to the clinical trial
- Cost sharing documentation if applicable

Note:

Clinical Trials must have an approved IRB in order to start the research.
Clinical Trials must have a Medicare Coverage Analyses completed.

Clinical Trial Agreement End Date Extension

In order for SPA to extend the end date of a clinical trial the following information is needed:

- Copy of the Active IRB
- Clinical Trial Agreement with an updated end date, should the agreement have a stated end date

Send Request to extend the end date along with the documentation stated above to
Nosponproj@lsuhsc.edu

IRB Fee Invoicing

Departments will be responsible to invoice the sponsor(s) for the IRB fee.

The invoice should to be routed through SPA for the Accounts Receivable processing.

Please send these invoices to: ClinicalTrials@lsuhsc.edu

IRB fees should match the amount charged to the project and not necessarily the CTA Exhibit.

If there is a difference between the IRB fee(s) listed on the CTA schedule and the IRB fee(s) posted to the project, please contact the Office of Research Services.

If it is determined the IRB fees charged on the project are appropriate and are accurately reflected in the ledger then we will need documentation of what IRB fee was allowed and a Justification as to why the difference occurred.

CURRENT LSUHSC-NO HRPP FEE SCHEDULE#

IRB of Record	Review Type	Fee
LSUHSC-NO IRB	Initial-Full Board	\$2,500 per study
	Initial-Expedited	\$1,500 per study
	Initial-Exempt	\$1,000 per study
	Continuing-Full Board*	\$1,000/\$1,500* each
	Continuing-Expedited*	\$500/\$750* each
	Modification-Full Board	\$500 each
	Modification-Expedited (personnel changes excluded)	\$250 each

Processing of Invoicing on Clinical Trials

Departments will need to submit copies of all clinical trial invoices along with back up documentation to ClinicalTrials@lsuhsc.edu

SPA will enter the receivable into the Accounts Receivable system.

Billing and Accounts Receivable will apply payments to the open receivable.

Clinical Trial Invoice Documentation

Invoices should indicate the PeopleSoft Project Number, the Study Title, and the Sponsor Name.

Invoices should be clear as to what amount is being charged for each study participant.

Invoices should be reconciled to the Clinical Trial Exhibit of agreed upon charges. Please note, any differences between what was billed and the CTA agreement need justification.

A few examples are listed below:

Week 8 on the CTA states we should bill for an MRI but the MRI was not preformed therefore we could not invoice for it.

A participant could not see the Principal Investigator on week 14 but saw a Nurse instead and therefore the visit was not an allowable charge.

Backup documentation should be included with the invoice when submitted to SPA along with any justification for deviation(s) from the CTA.

Invoices should indicate the approval/certification of the Principal Investigator, Business Manager, and Clinical Trials Coordinator or Nurse.

INVOICE EXAMPLE

The invoice number will be generated in the AR system by SPA
 SPA will also add the invoice date to invoice

Invoice Number	NO22-0123
Invoice Date	12/02/2021
Invoice Amount	\$558.51

INVOICE

BILL TO: Genetech, Inc.
 Attn: Stacy Maryam, Senior Study Manager
 45-4216-9
 Mail Stop 454B
 1 DNA Way
 South San Francisco, CA 94080
 Email: wo29522_cpa-0@gene.com

REF: Protocol # WO29522
 IRB # 9390
 LSUHSC Proj # 149740318A

FOR SERVICES RENDERED UNDER PROJECT TITLED:
 A Phase III, Multicenter, Randomized, Placebo-Controlled Study of ATEZOLIZUMAB (Anti-PD-L1 Antibody) in Combination with NAB-PACLITAXEL for Patients with Previously Untreated Metastatic Triple-Negative Breast Cancer

LSUHSC PI
 Michelle Loch, MD

DESCRIPTION OF SERVICES:

Subject ID	Description	Price per CTA Exhibit	Quantity	Amount
21-0000	Cycle 2, Day 8 (+/- 3)			\$ -
	Concomitant Meds	27.00	1	27.00
	Vital Signs	12.51	1	12.51
	Hematology	11.00	1	11.00
	Serum Chemistry	12.00	1	12.00
	Magnesium and Phosphorus	10.00	1	10.00
	Adverse Events	159.00	1	159.00
	Investigator	175.00	1	175.00
	Study Coordinator/Nurse * (see note on justification tab)	53.00	0	0.00
	Data Management	30.00	1	30.00
	Overhead Costs (25%)		1	122.00
	Total per CTA exhibit			611.51
	Total Invoice			\$558.51

Note: Invoice amount doesn't match the CTA exhibit amount. A justification form will need to be completed.

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the agreement."

 Stacie Green, Clinical Trials Nurse Coordinator

 Date

"By signing this report, I have reviewed this invoice and to the best of my knowledge certify its accuracy based on the schedule of assessments/budget as stipulated in the agreement."

 Michelle Loch MD, Principal Investigator

 Date

 Barbara Landrum, Business Manager of Cancer Center

 Date

For questions regarding this invoice, please contact:

Name: Sarah Smith
 Phone: 504.568.4857
 Fax: 504.568.1234
 Email: ssmith@lsuhsc.edu

MAKE CHECKS PAYABLE AND REMIT TO:
 Louisiana State University Health Sciences Center - New Orleans
 Sponsored Projects
 Ref: [WO29522 / Loch / 149740318A]

DESCRIPTION OF SERVICES:

Subject ID	Description	Price per CTA Exhibit	Quantity	Amount
21-0000	Cycle 2; Day 8 (+/- 3)			\$ -
	Concomitant Meds	27.00	1	27.00
	Vital Signs	12.51	1	12.51
	Hematology	11.00	1	11.00
	Serum Chemistry	12.00	1	12.00
	Magnesium and Phosphorus	10.00	1	10.00
	Adverse Events	159.00	1	159.00
	Investigator	175.00	1	175.00
	Study Coordinator/Nurse * (see note on justification tal	53.00	0	0.00
	Data Management	30.00	1	30.00
	Overhead Costs (25%)	122.00	1	122.00
	Total per CTA exhibit	611.51		
	Total Invoice	[Line is formula driven]		558.51

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the agreement."

Windows User:
 Notice this amount is less than the CTA exhibit. A Justification form will need to be completed

Example of Justification for Discrepancy b/w CTA Exhibit and Invoiced Amount

Example

Justification Form for discrepancy between Exhibit/Table on CTA and Invoice

Project number: Example Invoice: _____

<u>Subject ID</u>	<u>Description</u>	<u>Exhibit/Table Amount</u>	<u>Invoiced Amount</u>	<u>Justification for discrepancy</u>
21-0000	Study Nurse/Coordinator	\$53.00	\$0.00	The study coordinator/nurse was not present on the day the subject came to clinic to complete his cycle 3, day 8 visit; therefore, the department can not bill the sponsor for her time.

LSU HEALTH SCIENCES

** All values are subject to verification and adjustments. **

Balance and Transaction Report - Summary and Detail

Transaction Date: 10/21/2021

Prior Day

Tran. Date	Description	Customer Ref.	Bank Ref.	Credit Amount	Report Time (ET)
XXXXXXXXXX XXXXXXXXXX	EFT CREDIT	000250000009821	2949420041TC	XXXXXXXXXX	04:32 AM

ORIG CO NAME: BMSQUIBB
ORIG ID: 1220796415
DESC DATE: 211020
ENTRY DESCR: PAYMENTS
ENTRY CLASS: CTX
TRACE NO: 021000029420041
ENTRY DATE: 211021
IND ID NO: 000250000009821
IND NAME: 0009LOUISIANA STATE
ORIG BANK: JPMorgan Chase Bank, N.A. (NY)
Addenda: ISA*00* *00* *01*001288497F *01*006981815 *211020*160
5*U*00*001*000001801*0*P*>IGS*RA*001288497F*006981815*20211020*1805*1801*X*004010
VST*820*000002129\BPR*D*240000*C*ACH*CTX*01*021000021*DA*958166415*1220796415**0

Invoice Status

Billing and Accounts Receivable website has invoice status available for review

Information can be sorted by Project, Invoice and Bill To Sponsor

LSU Health
NEW ORLEANS

Careers | Contact | Donate | Quicklinks ▾

Patient Care Search

Allied Health Professions Dentistry Graduate Studies Medicine Nursing Public Health

Thursday, December 2, 2021 12:18 PM | 66°F

Accounts Payable
Asset Management
Audit Reports
Billing and A/R

ACCOUNTING SERVICES

BankMobile

The Accounting Services department of the LSU Health Sciences Center, New Orleans, performs accounting

LSUHSC Invoice and A/R History

As of 11/18/21

Name	Bill To	Project	PO Ref	Invoice	From	To	Inv Amt	Item Balance	Acctg Da	Dt Invoic
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Clin Card

Clin Card Set Up : Clin Card Setup form is located on our website:

<https://www.lsuhsu.edu/administration/accounting/clincard.aspx>

Please complete form and send to : Nosponproj@lsuhsc.edu

Information Needed:

- Peoplesoft Chart string
- Study Title
- PI name
- IRB#
- Study coordinators name, e-mail address and phone number (a person can not be a coordinator and approver)
- Study approvers name, e-mail address and phone number (a person can not be a coordinator and approver)
- Payment structure per visit and payment amount per visit

Example of ClinCard Set Up Request

Department: _____ Study ID /Project number _____
 Chartstring: _____
 Sponsor: _____
 Study Title : _____
 PI Name : _____ PI E-Mail _____ PI Phone _____
 IRB# : _____
 IRB Protocol Title
 (if different from
 study title) : _____

Site Data:

Site Name	Site #/ID	Address Line 1	Address Line 2	City	State/ Province	Postal Code	Country	Site Phone #	PI Title	PI First Name	PI Last Name
LSU Health Sciences Center											

Study Coordinator and Approvers:

Site #/ID	First Name	Last Name	Title	Email Address	Phone Number	Study Coordinator	Approver	Views Reports	Maintains Studies
Department#	James (Example)	Doe	Coordinator	jamed@xxxxx.xxx	xxx-xxx-xxxx	Yes	No	No	SPA SPA SPA SPA SPA

NOTE: If the P.I. wants to approve payment of the participant, then the "Approver" should be marked "Yes".
Note: A study coordinator cannot be an approver. Both roles must be segregated

Payment Structure:

Visit Name	Payment Amount	Participant ID Required (Y/N)	SSN Required (Y/N)	
Initial visit	\$60.00	Y	Y	(Example)
8 week visit	\$25.00	Y	Y	(Example)

Clin Card Continued

<https://www.lsuhs.edu/administration/accounting/clincard.aspx>

Request for Blank Clincards – Form is located on our website. Please complete form and send to: Nosponproj@lsuhsc.edu and Re: Blank clincard request and “Project Number”

Sponsored Projects will review and forward to Direct Pay for processing

When cards are available, Ms. Burlison will send you an e-mail stating the cards are ready for pick up

Should you have trouble trying to locate your study and/or getting into the Clincard system, please contact NoSponProj@lsuhsc.edu and Re: Request for Emergency ClinCard Assistance

Example of the Request for ClinCards



Date:

Person Requesting ClinCards:

Department:

Number of cards:

Study ID/PeopleSoft Number:

Department Signature:

Date:

Sponsored Projects approval:

Date:

Direct Pay approval date:

ClinCards # range:

****LSUHSC picture ID is required when picking up ClinCards****

ClinCards pickup address:

433 Bolivar Street
Direct Pay – Attn: Danielle Burlison
Room 615
New Orleans, LA 70112-2223

Section below is to be completed by person picking up ClinCards

Print name:

Signature:

Date:

Other ClinCard Items found on our website:

- ClinCard User Guide: Overall Version
 - ClinCard User Guide: Site Coordinator
 - ClinCard User Guide: Cardholder FAQ's
-
- Quick Reference Guide
 - ClinCard Service Center Rates
 - Policy Regarding Collection of Personal Identifiers for Paid Clinical Trial Participants

ClinCard Requirements for Participants

LSUHSC must comply with Subsection 6041 of the Internal Revenue Code. This requires a 1099 form to be generated for participants receiving payments in excess of \$600.00. This is a cumulative total for all clinical trials in which a participant may be enrolled at LSUHSC.

In order for a ClinCard to be issued to a study participant, the following is needed:

- Collection of personal identifiers for paid clinical trial participants
- Full name, valid address and social security number at the time the sponsored clinical trial participant signs the Informed Consent Form (ICF)
- The collection of a signature for each study participant who receives a ClinCard payment

Suggested ClinCard Reconciliation

Payments By Study Report: This report is generated from the ClinCard system. It compares the amounts that sponsored clinical trial participants were paid to the amounts established at the time of ClinCard study setup or at the time of subsequent ClinCard setup changes. It also compares those payments to the agreed-upon amounts, if any, specified in the CTA.

Transaction ID	Study	Created By	Approved By	Stu	Site Name	Card	Subject ID	Approval Date	Transaction Date	Trans Typ	Description	Amount	Approval
156415079744	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-03 15:27:54	2021-11-03 15:27:55	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415146736	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-08 14:50:19	2021-11-08 14:50:20	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415146737	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-08 14:50:19	2021-11-08 14:50:20	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415164653	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-09 15:22:17	2021-11-09 15:22:18	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415164655	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-09 15:22:17	2021-11-09 15:22:18	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415164654	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-09 15:22:17	2021-11-09 15:22:18	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415403488	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-16 10:37:23	2021-11-16 10:37:25	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415403489	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-16 10:37:23	2021-11-16 10:37:24	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415411043	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-16 16:04:58	2021-11-16 16:04:59	ADD FUNDS	Miscellaneous Payment: 25.00 U	25.00	--
156415454895	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-19 08:04:08	2021-11-19 08:04:09	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415454896	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-19 08:04:08	2021-11-19 08:04:10	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415454897	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-19 08:04:09	2021-11-19 08:04:10	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415458214	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-19 10:38:19	2021-11-19 10:38:39	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415462145	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-19 12:18:27	2021-11-19 12:18:29	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415470874	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-19 15:06:42	2021-11-19 15:06:43	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415487536	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-22 11:52:02	2021-11-22 11:52:03	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415568109	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-29 12:27:51	2021-11-29 12:27:52	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415591310	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-30 13:57:33	2021-11-30 13:57:34	ADD FUNDS	Initial: 25.00 USD	25.00	--
156415591311	All of Us Network	xxxx	xxxxx		xxxxxx	xxxxx	xxxxxx	2021-11-30 13:57:33	2021-11-30 13:57:34	ADD FUNDS	Initial: 25.00 USD	25.00	--

ClinCard Expenditures Posted to the Project

Monthly journal entries for ClinCard are processed by SPA. These expenditures can be found on your ledgers usually a month after the expense occurred.

GL Uni	Posted Date	Ye	Peric	Accou	Fur	Dep	Prc	Clas	Project	Exp Amou	Line Description	Payee Name	Payee I	Journal II	PO
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0169			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0169			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0027			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0169			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	CX1062			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0177			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0169			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0167			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	CX1062			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0027			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0027			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	CX1062			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0180			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0169			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0177			JESP022036	
LSUNO	2021-10-20	2,022	4	533035	113	xxxxx	10001	20200	xxxxxx	25.00	EX0177			JESP022036	
LSUNO	2021-10-20	2,022	4	537800	113	xxxxx	10001	20200	xxxxxx	36.00	ClinCard Initial Fee 09/2021			JESP022035	
LSUNO	2021-10-20	2,022	4	537800	113	xxxxx	10001	20200	xxxxxx	35.28	ClinCard Load Fee 09/2021			JESP022035	
LSUNO	2021-10-20	2,022	4	537800	113	xxxxx	10001	20200	xxxxxx	10.35	ClinCard License Fee 09/2021			JESP022035	

Concluded Clinical Trials

Departments will submit a Sponsored Agreement Closeout Request Form with appropriate signatures to Nosponproj@lsuhsc.edu

Departments should make sure of the following:

- The sponsored agreement is complete
- All deliverables contained in the agreement have been completed
- All financial and performance obligations are complete

Departments should review the following:

- Revenues and expenditures for accuracy
- Outstanding AR for any outstanding invoices
- Identify if the project has a surplus or deficit that needs to close to a residual balance
- Complete the [Sponsored Agreement Closeout Certification form](#)

Clinical Trails Closed to Residual Balance

Before funds can be transferred to a residual balance account, agreements need to be reviewed to see if unexpended funds need to be returned to the sponsoring agency and/or if any restriction has been placed on the funds that would not allow for this transaction to take place.

Please note that indirect costs will be applied to any residual surplus or deficit using the rates in effect for each individual clinical trial. SPA will process this journal entry at the time of closeout.

EXCEPTION: Indirect costs will not be applied on Federal grants and contracts that are reported on the Schedule of Federal Expenditures (Schedule 8 - SEFA). These are not true indirect costs within the context of OMB A-21 and these costs should not be reported on the Schedule of Federal Expenditures.