

UConn Health
Office of Clinical & Translational Research
Standard Operating Procedures

Title: Forms and Templates	
Relates to Policy/Procedure: 2006-10	
SOP#: 705-09	Version 2.0
Prepared by: B. Jones	Original date: 10/21/2016
Approved by: J. Kulko	Date approved: 10/21/2016

Purpose and Applicability: Forms and templates in this section are used in the reconciliation of research accounts, and related correspondence.

Background and Significance: Please see SOP 700-09.

Scope: These forms and templates facilitate the reconciliation process, as well as standardize communication within the institution.

Responsibilities: The Reimbursement Analyst is responsible for design of intra-office forms, and use of appropriate institutional forms and templates related to reconciliation of accounts.

Procedural Steps:

Form labeled **A:** Banner Account Initial Budget (2 pages) and Budget Supplement memorandum (2 pages)

Form labeled **B:** Clinical Trial Report of Expenditure (ROE) Workbook (10 pages)

- Cover
- Memorandum
- Report of Expenditures
- RF Invoice
- PI Invoice
- Adjustments & Reconciliation
- Download
- Residual Fund Set-up / Transfer Request
- Accounts
- Routing

Form labeled **C:** Patient Reconciliation Workbook (2+ pages)

- Initial Patient Billing Reconciliation Workbook / Summary
- Detail by Patient (one per patient)
- FRIGITD screen – Banner (for download of Receipts & Expenses)

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Approved by: J. Kulko	Date approved: 10/21/2016

MEMORANDUM

ADMINISTRATOR:	Wanita Thorpe			
ORGANIZATION:	NEAG Cancer Center			
FROM:	Barbara Jones			
ORGANIZATION:	Office of Research Administration & Finance		A	
DATE:	4/7/16			
PI:	Dr. Jessica Clement, M.D.			
AGENCY AWARD NO.:	MSK- C209-260			
PROJECT TITLE:	A PROSPECTIVELY DESIGNED STUDY TO ASSESS THE RELATIONSHIP BETWEEN TUMOR MUTATION BURDEN AND PREDICTED NEO-ANTIGEN BURDEN IN PATIENTS TREATED WITH ADVANCED MELANOMA OR BLADDER CANCER TREATED WITH NIVOLUMAB OR NIVOLUMAB PLUS IPILIMUMAB			

The below-referenced account has been set up in our accounting system. The total budget for the sponsored project account is now \$10,758.66 for the period of 4/7/2016 through 9/30/2020.

The budget for the cost share companion account will be managed by the Dean's office. The notice of award, routing sheet, and proposal documents will be available in InfoEd under log number #20160229.

Please note effort for key personnel. Significant reduction in this effort (25%) would require sponsor's approval. Indirect cost will be distributed to organization #10520, Department of NEAG Cancer Center, as applicable.

Organization	Program		
10520	31		
Grant	Index	Fund	
G601047	601047	601047	
Banner Account	Description		
6100	SALARIES & WAGES	4,725.62	
6500	FRINGE BENEFITS	2,540.96	
7090	PURCHASED SERVICES	1,340.36	
7090	TRAVEL(Unrestricted)		
7090	PROFESSIONAL SERVICES - OTHER		
7420	GRANTS TRAVEL (Restricted)		
7400	PATIENT CARE (IDC Excluded)		
7450	SUPPLIES		
7800	GRANTS STIPENDS		
7810	GRANTS TUITION/FEEES (IDC Excluded)		
7820	GRANTS TUITION REMISSION (IDC Excluded)		
78501	GRANTS FED SUBCONTRACT WITH IDC (Under \$25K)		
78502	GRANTS FED SUBCONTRACT WITHOUT IDC (Over \$25K)		
78503	GRANTS SUBCONTRACT WITH IDC		
78504	GRANTS SUBCONTRACT WITHOUT IDC		
7970	EQUIPMENT		
	DIRECT COSTS	8,606.93	
7950	INDIRECT COSTS (F&A) (@54%)	2,151.72	
	TOTAL AWARD	10,758.66	

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MEMORANDUM

ADMINISTRATOR:	Wanita Thorpe	A
ORGANIZATION:	NEAG Cancer Center	
FROM:	Barbara Jones	
ORGANIZATION:	Office of Clinical and Translational Research	
DATE:	10/18/2016	
PI:	Dr. Jessica Clement, MD	
AGENCY AWARD NO.:	MSK- C209-260	
PROJECT TITLE:	A PROSPECTIVELY DESIGNED STUDY TO ASSESS THE RELATIONSHIP BETWEEN TUMOR MUTATION BURDEN AND PREDICTED NEO-ANTIGEN BURDEN IN PATIENTS TREATED WITH ADVANCED MELANOMA OR BLADDER CANCER TREATED WITH NIVOLUMAB OR NIVOLUMAB PLUS IPILIMUMAB	

The below-referenced account has been supplemented in our accounting system. The total budget for the sponsored project account is now \$81,308.21 for the period of 4/7/2016 through 9/30/2020.

The budget for the cost share companion account will be managed by the Dean's office. The notice of award, routing sheet, and proposal documents will be available in InfoEd under log number #20160229.

Indirect cost will be distributed to organization 10520, Department of NEAG Cancer Center.

Please note effort for key personnel (*next to the name). Significant reduction in this effort (25%) would require sponsor's approval.

Organization	Program			
10520	31			
Grant	Index	Orig Budget	Supplement	Final Budget
G601047	601047			
Banner Account	Description			
6100	SALARIES & WAGES	4,725.62	-	4,725.62
6500	FRINGE BENEFITS	2,540.96	-	2,540.96
7090	PURCHASED SERVICES	44,180.00	-	44,180.00
7090	TRAVEL(Unrestricted)	-	-	-
7090	PROFESSIONAL SERVICES - OTHER	-	-	-
7420	GRANTS TRAVEL (Restricted)	-	-	-
7400	PATIENT CARE (IDC Excluded)	-	-	-
7450	SUPPLIES	13,600.00	8,000.00	21,600.00
7800	GRANTS STIPENDS	-	-	-
7810	GRANTS TUITION/FEES (IDC Excluded)	-	-	-
7820	GRANTS TUITION REMISSION (IDC Excluded)	-	-	-
78501	GRANTS FED SUBCONTRACT WITH IDC (Under \$25K)	-	-	-
78502	GRANTS FED SUBCONTRACT WITHOUT IDC (Over \$25K)	-	-	-
78503	GRANTS SUBCONTRACT WITH IDC	-	-	-
78504	GRANTS SUBCONTRACT WITHOUT IDC	-	-	-
7970	EQUIPMENT	-	-	-
	DIRECT COSTS	65,046.58	8,000.00	73,046.58
7950	INDIRECT COSTS (F&A) (@25%)	16,261.63	2,000.00	18,261.63
	TOTAL AWARD	81,308.21	10,000.00	91,308.21

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<u>MEMORANDUM</u>				B														
TO:	Lee Ann Maximowicz Dermatology																	
DATE:	8/22/2016																	
SUBJECT:	Report of Expenditures (ROE Package)																	
AGENCY:	Amgen, Inc.	GRANT PERIOD: 4/17/2013 - 4/17/2018																
		REPORT PERIOD: 4/17/2013 - 4/17/2018																
Protocol:	AMAGINE-3	FUND: 600392																
Expended Amount:	\$ 61,044.08	Unobligated Balance: \$ 2,824.56																
<p>Please review the enclosed documents and sign the Report Of Expenditures (ROE). If there are any corrections to the dollar amounts listed, please note them directly on the ROE. Dr. Strober, M.D.'s signature affirms responsibility for all direct cost charges to the sponsored project and any related accounts, and their compliance with agency and UCHC cost principles and guidelines, as established in UCHC policy 2002-24.</p> <p>In addition, to comply with UCHC and Federal regulations, please complete the administrative costs report and the time and effort (T&E) exception report and obtain the principal investigator's signature on these reports, as applicable.</p> <p>Administrators and principal investigators are required to read and understand the Policies and Procedures for Managing Sponsored Programs. Please contact David Larkin at x8816, with any questions or concerns regarding these policies.</p> <p>Upon resolution of items noted in your response and those listed in the reconciliation report, this office will submit a final report to the granting agency and forward a copy to you.</p> <p>If there are any questions, please contact your project accountant Barbara at 679-4369.</p>																		
<p>Yours truly, <i>David Larkin</i> David Larkin, Director Research Finance</p>																		
<p>Enclosures:</p> <p>(x) Report of Expenditures</p> <p>(x) Reconciliation</p> <p>() Administrative Costs Report</p> <p>() Time & Effort Exception Report</p> <p>(x) Other(s):</p>			<p>Enclosures</p> <table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 20px; text-align: center;">x</td><td>ROE</td></tr> <tr><td style="text-align: center;">x</td><td>REC</td></tr> <tr><td style="text-align: center;">x</td><td>RESREQ</td></tr> <tr><td style="text-align: center;">x</td><td>L6 PI invoice</td></tr> <tr><td style="text-align: center;">x</td><td>ACR</td></tr> <tr><td style="text-align: center;">x</td><td>T&E Exc.</td></tr> <tr><td style="text-align: center;">x</td><td>Other:</td></tr> </table>		x	ROE	x	REC	x	RESREQ	x	L6 PI invoice	x	ACR	x	T&E Exc.	x	Other:
x	ROE																	
x	REC																	
x	RESREQ																	
x	L6 PI invoice																	
x	ACR																	
x	T&E Exc.																	
x	Other:																	
cc: File (1) 600392																		

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REPORT OF EXPENDITURES							B
Protocol #: AMAGINE-3							
Project Name: "A phase 3 Study to Evaluate the Efficacy and Safety of Induction and Maintenance Regimens of Brodalumab Compared With Placebo and Ustekinumab in Subjects with Moderate to Severe Plaque Psoriasis: AMAGINE-3, Protocol 20120104"							
REPORT PERIOD: 4/17/2013 - 4/17/2018							
COMPETITIVE SEGMENT: 4/17/2013 - 4/17/2018							
					FINAL		
		BUDGET	EXPENDITURES	ADJUSTMENTS	EXPENDITURES	UNOBLIGATED	
SALARY & WAGES		25,458.37	23,861.72	0.00	23,861.72	1,596.65	
FRINGE BENEFITS		10,529.13	10,197.54	0.00	10,197.54	331.59	
PURCHASED SERVICES		15,107.40	11,451.00		11,451.00	3,656.40	
TRAVEL		0.00	0.00		0.00	0.00	
RESTRICTED TRAVEL		0.00	0.00		0.00	0.00	
SUPPLIES		0.00	0.00	0.00	0.00	0.00	
STIPENDS		0.00	3,325.00		3,325.00	(3,325.00)	
TUITION & FEES		0.00	0.00		0.00	0.00	
TUITION REMISSION		0.00	0.00		0.00		
EQUIPMENT		0.00	0.00		0.00	0.00	
PATIENT CARE		0.00	0.00		0.00	0.00	
SUBCONTRACTS							
< 25,000		0.00	0.00		0.00	0.00	
>25,000		0.00	0.00		0.00	0.00	
CLOSEOUT ADJUST		0.00	0.00		0.00	0.00	
TOTAL DIRECT		51,094.90	48,835.26	0.00	48,835.26	2,259.64	
F & A	25%	12,773.73	12,208.88	(0.07)	12,208.82	564.92	
TOTAL		63,868.63	61,044.14	(0.07)	61,044.08	2,824.56	
<p>"I hereby certify that this report is true and correct to the best of my knowledge, and that all expenditures reported herein have been made in accordance with appropriate grant policies and for the purposes set forth in the application and award documents.</p> <p>I also certify that time and effort reports will correspond to the effort supported by salaries charged on this report and any required cost share effort."</p>							
Dr. Bruce Strober, M.D. - Principal Investigator					DATE		


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ADJUSTMENTS & RECONCILIATION				
	PROJECT: "A phase 3 Study to Evaluate the Efficacy and Safety of Induction and Maintenance Regimens of Brodalumab Compared With Placebo and Ustekinumab in Subjects with Moderate to Severe Plaque Psoriasis: AMAGINE-3, Protocol 20120104"			B
	REPORT PERIOD: 4/17/2013 - 4/17/2018			
	PI: Strober, M.D.			
	ACCOUNT: 600392			
	FRIGITD DIRECT COST BALANCE AS OF 8/22/2016			48,835.26
	ADJUSTMENTS TO PERSONNEL			
	➤ SALARY			
		TOTAL SALARY	0.00	
	➤ FRINGE BENEFITS			
		TOTAL FRINGE BENEFITS	0.00	
	TOTAL PERSONNEL ADJUSTMENTS			0.00
	ADJUSTMENTS TO NON-PERSONNEL			
	➤ Travel			
		TOTAL Travel	0.00	
	➤			
		TOTAL	0.00	
	➤			
		TOTAL	0.00	
	TOTAL NON-PERSONNEL ADJUSTMENTS			0.00
	TOTAL ADJUSTED DIRECT EXPENDITURES			48,835.26
	F&A COST ADJUSTMENT			12,208.82
	FRIGITD F&A COST BALANCE AS OF		12,208.88	
	ALLOWABLE F&A		12,208.82	
	F&A ADJUSTMENT REQUIRED		(0.07)	
SOP # 705-09	7 of 15			
	TOTAL ADJUSTED EXPENDITURES			61,044.08

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	RESIDUAL FUND SET-UP/TRANSFER REQUEST	B
PREPARED BY:	Lee Ann Maximowicz	
EXTENSION:	860-679-3595	
DATE:	8/22/2016	
SUBJECT:	Residual Balance Transfer Request	
Type of request:		
<input type="checkbox"/> Establish a new fund - please complete information below		
Responsible Person		
Organization		
Deliver To Person		
<input checked="" type="checkbox"/>	Supplement existing residual fund - Banner number	404076 10380 20
Fund(s) to close	600392	
Available direct costs	2,259.64	
Residual Fund Budget:		
	percent	or
		dollars
Salaries & Wages*	_____ %	\$ _____
Fringe Benefits	_____ %	\$ _____
Purchased Services	_____ %	\$ _____
Supplies	_____ %	\$ _____
Equipment	_____ %	\$ _____
Total	_____ %	\$ _____
*Include fringe benefits where Salary & Wages are budgeted. Please use a fringe rate between 22-45% as appropriate.		
Note: Your signature below indicates that the following statements are true:		
➤ All payments due under the terms and conditions of the agreement have been made;		
➤ Study/Contract has been completed and all sponsor criteria have been completed and deliverables have been met;		
➤ None of the awarding agencies require that unspent funds be returned;		
➤ All expenses have been properly allocated and charged to the applicable fund.		
All requests must be approved by both the PI of the fund(s) being closed and the appropriate Dean's representative.		

PI/Dept Head Approval*		
SOP # 705-09	8 of 15	

Dean's Office Approval		
Please forward this completed form to OCTR, MC 6031. Thank you.		

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	University of Connecticut Health Center Research Administration & Finance, MC5335 263 Farmington Avenue, Farmington, CT 06030-5335	B
	Report of Expenditures & Invoice PLEASE REMIT WITHIN 30 DAYS	FINAL

TO Amgen, Inc.	INVOICE DATE: 8/22/2016 0 UCHC TAX ID # 521725543 0 UCHC Reference # 600392 0 Please include our UCHC reference # and remit to the above address.
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AWARD NO. AMAGINE-3	AWARD AMOUNT \$63,868.63
UCHC PI: Dr. Strober, M.D. AWARD TITLE: "A phase 3 Study to Evaluate the Efficacy and Safety of Induction and Maintenance Regimens of Brodalumab Compared With Placebo and Ustekinumab in Subjects with Moderate to Severe Plaque Psoriasis: AMAGINE-3, Protocol 20120104"	
AWARD PERIOD: 4/17/2013 - 4/17/2018	

DESCRIPTION:	CUMULATIVE PERIOD 4/17/2013 - 4/17/2018
Salaries and Wages	\$ 23,861.72
Fringe Benefits	10,197.54
Purchased Services	14,776.00
Travel	0.00
Supplies	0.00
Patient Care	0.00
Sub-contracts	0.00
Equipment	0.00
Other:	
Total Direct Costs	\$ 48,835.26
F&A:	\$ 12,208.82
Total Expenditures to Date	\$ 61,044.08
Less Previous Payments	
Billed, Not Received	
Total Requested Reimbursement	\$ 61,044.08


Remarks:

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS REPORT IS CORRECT AND COMPLETE AND THAT ALL EXPENDITURES ARE FOR THE PURPOSES SET FORTH IN THE AWARD.

Signature:	Date:
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	University of Connecticut Health Center Grants and Contracts Unit, MC5335 263 Farmington Avenue, Farmington, CT 06030-5335	B
	REPORT OF EXPENDITURES	FINAL

Sponsor: Amgen, Inc. UCHC PI: Dr. Strober, M.D. Award Title: "A phase 3 Study to Evaluate the Efficacy and Safety of Induction and Maintenance Regimens of Brodalumab Compared With Placebo and Ustekinumab in Subjects with Moderate to Sever Plaque Psoriasis: AMAGINE-3, Protocol 20120104" Award Period: 4/17/2013 - 4/17/2018	
Sponsor Award No. AMAGINE-3	BUDGET Direct: 51,094.90
UCHC FRS Account No. 600392	F&A: 12,773.73 63,868.63

DESCRIPTION:	EXPENDITURES
Salaries and Wages	\$ 23,861.72
Fringe Benefits	10,197.54
Purchased Services	14,776.00
Travel	0.00
Supplies	0.00
Patient Care	0.00
Sub-contracts	0.00
Equipment	0.00
Other:	
Total Direct Costs	\$ 48,835.26
F&A:	\$ 12,208.82
Cumulative Expenditures	\$ 61,044.08
Cumulative Award	\$ 63,868.63
Unliquidated Obligations	0.00
Unobligated Balance	\$ 2,824.56

"I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS REPORT IS CORRECT AND COMPLETE AND THAT ALL EXPENDITURES ARE FOR THE PURPOSES SET FORTH IN THE AWARD."

"I ALSO CERTIFY THAT TIME AND EFFORT REPORTS WILL CORRESPOND TO THE EFFORT SUPPORTED BY SALARIES CHARGED ON THIS REPORT AND ANY REQUIRED COST SHARE EFFORT."

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ACCOUNT				
610	Salary Expenses	Salary Expenses		B
6100	Salary Expenses	Regular Earnings		
61001	Salary Expenses	Base Earnings		
61003	Salary Expenses	Sick Leave		
61005	Salary Expenses	Vacation Leave		
61007	Salary Expenses	Personal Leave		
61009	Salary Expenses	Compensatory Time Taken		
61011	Salary Expenses	Paid Leave		
61013	Salary Expenses	Workers Compensation		
61015	Salary Expenses	Unpaid Leave		
61017	Salary Expenses	Furlough Cost Recovery		
61040	Salary Expenses	Accrued Payroll		
61050	Salary Expenses	Salary Adj Manual		
61080	Salary Expenses	Accrual Compensated Abs		
6110	Salary Expenses	Overtime		
61101	Salary Expenses	Premium Overtime (1.5x)		
61103	Salary Expenses	Double-time Overtime (2.0x)		
61105	Salary Expenses	Holiday Worked Premiums		
61107	Salary Expenses	Other Overtime		
6120	Salary Expenses	Differentials/Premiums		
61201	Salary Expenses	Shift/Weekend Differential		
61203	Salary Expenses	Hazardous Duty Differential		
61205	Salary Expenses	Snow & Ice Differential		
61207	Salary Expenses	In Charge Premium		
61209	Salary Expenses	Skill Premium		
61211	Salary Expenses	Other Differentials		
6130	Salary Expenses	Accruals/Death Payouts		
61301	Salary Expenses	Sick Payout - Retirement		
61303	Salary Expenses	Vacation Payout		
61305	Salary Expenses	Personal Leave Payout		
61307	Salary Expenses	Compensatory Time Payout		
61309	Salary Expenses	Death Payout		
6140	Salary Expenses	Standby/OnCall		
61401	Salary Expenses	Standby/OnCall		

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Initial Reconciliation										C
Dr. Mark Metersky										PREPARED BY:
ORBIT-3										
Aradigm										
Fund 600677										REVIEWED BY:
January 31, 2015										
Type of Study: Industry Sponsored										
<u>ACTIVITY</u>										
RECEIPTS FROM SPONSOR	<u>ACCOUNT</u>	<u>ORG</u>	<u>PROG</u>	<u>DATE</u>	<u>TYPE</u>	<u>DOCUMENT</u>	<u>DESCRIPTION</u>	<u>FUND</u>	<u>AMOUNT</u>	
	52501	10153	31	6-Feb-15	CRGR	F0007197	5298 Synteract HCR Inc	600677	6,490.80	
	52501	10153	31	14-Aug-14	CRGR	F0006547	CORR: 5053 Synteract HCR Inc	600677	4,340.00	
									10,830.80	
EXPENSES:										
Updated: 5/5/2015	<u>ACCOUNT</u>	<u>ACCOUNT DESCRIPTION</u>		<u>BUDGET</u>	<u>ACTIVITY</u>	<u>AVAILABLE BALANCE</u>				
	52501	Non-Federal Grant Revenue		\$29,749.00	\$10,830.80	\$18,918.20				
	6100	Regular Earnings		\$2,537.75	\$0.00	\$2,537.75				
	6500	Fringe Expenses		\$786.25	\$0.00	\$786.25				
	70003	Institution Service		\$0.00	\$590.40	-\$590.40				
	7090	Purchased Services		\$20,475.00	\$0.00	\$20,475.00				
	72511	Professional Services - Other		\$0.00	\$950.00	-\$950.00				
	72513	Fees Medical Service		\$0.00	\$1,517.00	-\$1,517.00 ***				
	72517	Purchased Svcs - Laboratory		\$0.00	\$11,828.25	-\$11,828.25				
	7950	Indirect Costs		\$5,950.00	\$0.00	\$5,950.00				
	79501	F & A Indirect Costs		\$0.00	\$3,721.41	-\$3,721.41				
BILLING COMPLIANCE:										
SUBJECTS	<u>Fund</u>	<u>M. Metersky</u>	<u>TO#</u>	<u>Data Base</u>	<u>Case #</u>	<u>Date Case# assigned</u>	<u>Opened by</u>			
E.B.	600677	M. Metersky	TOXXXXXX	315	229813	9/4/2014	CRC			
E.E	600677	M. Metersky	TOXXXXXX	315	229815	9/5/2014	CRC			
A.Z.	600677	M. Metersky	TOXXXXXX	315	230749	11/6/2014	CRC			
H.A	600677	M. Metersky	TOXXXXXX	315	230884	11/14/2014	CRC			
A.A	600677	M. Metersky	TOXXXXXX	315	231035	11/14/2014	CRC			
COMMENTS:										
A.Z. Subject has a CBC and Potassium on 12/4/2015 charged to the case. The bill is not on the BWB and is not yet paid as of 5/8/2015. per Kathy Lodovico, she informed JDH that this is not a Research charge on January 22, 2015 but the charges were never adjusted bill to Insurance for Routine clinical care.										
No additional errors were noted										

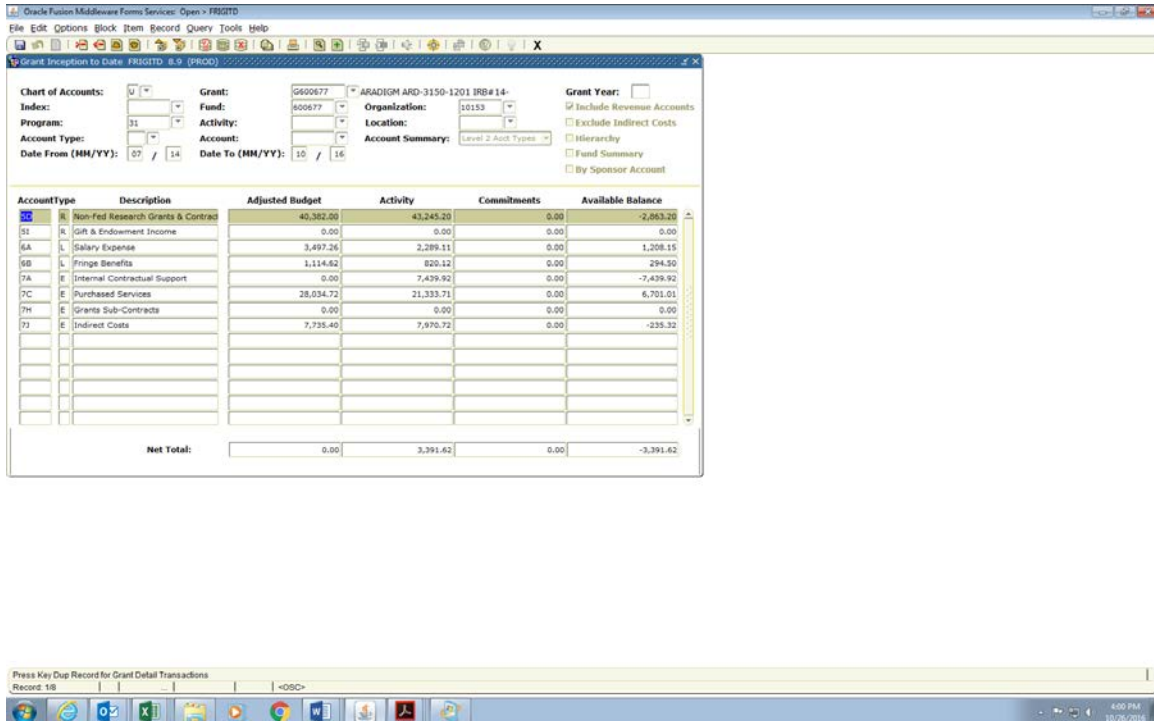
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MTO#	CASE #													C
TOXXXXXXXX	XXXXXX													
Sponsor's #														
												Per Budget W/B		
Calendar Day	DOS	UMG/JDH	Invoice #	Charges	PMT	ADI	ADJ %	Billed to:	Description	Code / Procedure	Charge	Code / Procedure	Charge	NOTES
Screening	11/6/2014	JDH	XXXXXXXX	\$154.00	-\$61.00	-\$93.00	-60%	RESEARCH	Spirometry	94010	\$154.00	94010	\$154.00	Spirometry: Payment is correct
		UMG	XXXXXXXX											No Charge for Interpretation
Visit 1	11/18/2014	JDH	XXXXXXXX	\$1,559.00	-\$760.00	-\$799.00	-51%	RESEARCH	Exercise Test	94620	\$241.00	94620	\$ 172.00	Payment is correct
									Spirometry	94010	\$154.00	94010	\$ 110.00	
									Methycoline Challenge	94070	\$1,012.00	94070	\$ 954.00	
									CO2 / Membrane Diffuse Capacity	94729	\$152.00	94729	\$ 143.00	
		UMG	XXXXXXXX											No Charge for Interpretation
Visit 2	12/4/2014	JDH	XXXXXXXX	\$154.00	-\$61.00	-\$93.00	-60%	RESEARCH	Spirometry	94010	\$154.00	94010	\$154.00	Payment is correct
	12/4/2014	JDH	XXXXXXXX	\$38.13	\$0.00	\$0.00	0%	RESEARCH	CBC, only	85027	\$23.15	n/a	n/a	Not included on BWB
								RESEARCH	Potassium (K+)	84132	\$14.98	n/a	n/a	Not included on BWB
		UMG	XXXXXXXX											No Charge for Interpretation
Visit 3	12/16/2014	JDH	XXXXXXXX	\$395.00	-\$156.00	-\$239.00	-61%	RESEARCH	Exercise Test	94620	\$251.00	94620	\$ 172.00	Payment is correct
									Spirometry	94010	\$154.00	94010	\$ 110.00	
		UMG	XXXXXXXX											No Charge for Interpretation
Visit 4	1/14/2015	JDH	XXXXXXXX	\$154.00	-\$61.00	-\$93.00	-60%	RESEARCH	Spirometry	94010	\$154.00	94010	\$ 110.00	Payment is correct
		UMG	XXXXXXXX											No Charge for Interpretation
				\$2,454.13	-\$1,099.00	-\$1,317.00								
Total charges O/S						\$38.13								

UConn Health
Office of Clinical & Translational Research
Standard Operating Procedures

Title: Forms and Templates	
Relates to Policy/Procedure: 2006-10	
SOP#: 705-09	Version 2.0
Prepared by: B. Jones	Original date: 10/21/2016
Approved by: J. Kulko	Date approved: 10/21/2016



Revision date: 10/21/2016	Revised by: B. Jones
2.0 Reason for revision: Forms have all changed since establishment of SOP	
Date revised version sent to archives & current revision version # advanced: 10/20/2016	