

**ACRIN 6671 – Case Reimbursement Schedule
ACRIN Institution Agreement Amendment per Article IV**

**ACRIN 6671/GOG 0233 – UTILITY OF PREOPERATIVE FDG-PET/CT SCANNING TO DETECT
RETROPERITONEAL LYMPH NODE METASTASIS IN PATIENTS WITH LOCOREGIONALLY
ADVANCED CARCINOMA OF THE CERVIX AND HIGH RISK ENDOMETRIAL CANCER**

ACRIN Principal Investigator: Mostafa Atri, MD
Projected Total Accrual: 380 patients
Participating Institutions: approximately 10

The ACR reserves the right to increase or decrease the amount of funding based upon the final grant award. No funding is considered approved and final until the funds are received by the ACR for distribution. The ACR shall notify Institutions in writing prior to any increase or decrease in funding. The ACR will not be responsible for any expenditure which would require ACR to make payments that exceed the aggregate amount of the award from NCI or for any expenditure that exceed a properly announced decrease in funding. The case reimbursement rate is subject to receipt of the final award from the National Cancer Institute.

Per Case Reimbursement Rate: \$4,290.00

(An indirect rate is included in the total per case reimbursement of \$4,290)

Per case payment will be made in one installment:

The payment of \$4,290 (US) \$3,707 (non-US) will be made after registration and submission of all PET related data is received in the ACRIN data-coordinating center according to the case calendar.

Actual funds disbursed is dependent upon the number of patients accrued plus the milestones completed as noted above.

(Participating GOG institutions will receive case credit and payment in accordance with the terms and conditions of the GOG Institution Agreement) **Case Reimbursement and Investigator Support “Payee” and Mailing Address:**

(Case payments will be made to the specified department and investigator who is responsible for allocating the per case payment as suggested above.)

Checks payable to: _____

Mailing Address: _____

Department: _____

Reference: _____

** Please include any reference number or account number that should be documented on the check stub above.*

INSTITUTION

AMERICAN COLLEGE OF RADIOLOGY



January 1, 2012

ACRIN 6671 Participating Site / Date
Protocol Principal Investigator

Steven R. King, MS, FACHE / Date
Assistant Executive Director,
ACR Clinical Research Center

Typed / Printed Name of Investigator

Institutional Official / Date

Typed / Printed Name and Title of Institutional Official

**PLEASE FAX COMPLETED FORM TO ACRIN AT:
FAX NUMBER - 215-717-0936
ATTN: ACRIN 6671 PROJECT MANAGER.**