**YOUR COMPANY**

**Statement of Work**

**Statement of Work #**

**Date:**

**Engagement Level and Budget Considerations:** Budget defaults assume MY COMPANY’s research team will participate at the execution level for most research projects.

**TITLE**

**Purpose of the study:**

**Primary Objectives:**

**Name of Project:**

**Methodology of Study:**

**Study Design:**

**Study Population and inclusion/exclusion criteria:**

**Study cohorts:**

**Data analysis:**

**Study Limitation(s):**

**Study budget**

|  |  |
| --- | --- |
| **Budget by Project Phase** | |
| **Project Development** |  |
| Protocol Development |  |
| Creation of Table Shells |  |
| **Data Management** |  |
| All programming activities (additional staff and time) |  |
| Data Development Plan Creation |  |
| Programming of Variables |  |
| Creation of Analytic File |  |
| Q/C of Analytic File |  |
| **Analysis** |  |
| Descriptive Statistical Analysis |  |
| Multivariate Statistical Analysis |  |
| Population of Table Shells |  |
| Q/A of Statistical Results |  |
| **Reporting** |  |
| Report Development |  |
| Slide Development |  |
| Q/A and Review of Final Report |  |
| **Project Management** |  |
| Client and Team Meetings |  |
| Status Reporting, Timeline updates, meeting notes etc |  |
| **Total Study Budget** |  |

**Deliverables/Timeline:**

|  |  |
| --- | --- |
| **Deliverable for full study** | **End of:** |
| Statement of Work Approval |  |
| Submit study protocol for review **(deliverable for Client)** |  |
| Comments due from Client |  |
| Incorporate comments from Client and approval of study protocol |  |
| Study Database Creation |  |
| Data Development Plan and Analytic File Creation |  |
| Preliminary analysis for AZ review **(deliverable for Client)** |  |
| Comments due from Client |  |
| Final deliverable: Final study report, study protocol, finalized results **(deliverable for Client)** |  |

***Note: This budget and timeline does not include any abstracts, posters, or manuscripts. A separate SOW can be drafted for publication support if needed. Historically, protocol review and approval has taken 3- months, but if Client X takes longer, then My Company does not have control of the protocol review process and timelines may shift if the protocol review time exceeds the time presented in the table above***

**Milestone and Invoicing schedule:**

|  |  |  |
| --- | --- | --- |
| **Milestone Name** | **Timeline** | **Amount** |
| SOW Approval |  |  |
| Delivery of the draft protocol |  |  |
| Preliminary results |  |  |
| Completion of Analysis and Project Closeout |  |  |
| Total Due |  |  |

**Collaboration Team**

|  |  |
| --- | --- |
| **My Team** | **Client’s Team** |
|  |  |
|  |  |
|  |  |

This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which shall together be deemed to constitute one agreement.

**Client Authorized Person** My Company **Authorized Person**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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