



# TACT TIPS

Helpful Operational Hints  
for TACT Coordinators

June 2006

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### Clearinghouse

1-888-644-6226 (for patient referrals and to order  
recruitment materials)

Web Address: <http://www.tactnih.com>

## The TACT Protocol and Investigator's Brochure (IB) revisions received DSMB approval!

The revised TACT protocol and the IB are undergoing Sterling IRB review on June 19th for Sterling sites. If your site has a local IRB you will be sent the protocol and IB for submission to your local IRB. Please contact the CCC with any questions.

## June Reimbursement Program

Our demonstrated success with the Intensified Screening and Additional Reimbursement Program during December 2005 through end of March 2006 has paved the way for another TACT initiative!

We recognize the hard work and effort it takes each site coordinator to successfully identify and enter a patient into the study. As you are quite aware we have been focusing on trying to identify the best methods to use our funding to increase enrollment. One of the pilot initiatives we have been authorized by our NIH sponsors to try is providing reimbursement directly to our site coordinators for the additional time and effort taken to identify and randomize patients into the study.

Site coordinators can invoice us directly for additional funds when they have successfully randomized at least one patient during the month of June 2006. Coordinators will be paid as follows:

Number of patients enrolled at end of June	Supplemental Screening Payment
1 patient	\$ 50
2 patients	\$ 150
3 patients	\$ 300
4 patients*	\$ 500

\*Maximum of \$500 during a single month

*Only one coordinator at each site will be eligible to submit an invoice. If more than one coordinator at a site has taken additional time and effort to identify and randomize patients, contact the CCC prior to submitting your invoice.*

Once you invoice our office using the form below we will verify the number of patients the site has enrolled during 6/1/2006 through 6/30/2006. We will reimburse you directly within 4-8 weeks of receiving your invoice. The invoice is in the attached file.

**If you are a coordinator whose employer does not permit you to receive direct additional funds (most academic sites), we will pay your site a supplement and work with your PI to earmark those funds for your own educational expenses. Please designate this on the attached form.**

This is a unique opportunity to deliver more funds to our hard-working staff, and I hope that you will all take it. Remember, my goal is to keep this going through the summer, if it is successful. Congratulations on your performance!

Sincerely,  
Gervasio A. Lamas MD



**TACT Coordinator Supplemental Screening Invoice**  
**(PRINT CLEARLY OR TYPE)**

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

TACT Site Number: \_\_\_\_\_ Invoice Amount: \_\_\_\_\_

Patient Screening Number(s) and dates randomized: \_\_\_\_\_

\_\_\_\_\_

**Check only one below:**

\_\_\_\_ I cannot directly receive funds due to institutional policies. Please deliver the funds to my site and designate the funds as an educational supplement.

or

\_\_\_\_ I can receive funds as part of the Supplemental Payment Program.

If you can receive payment, then fill out the rest of this form and fax or email to the CCC.

Coordinator Name as it should appear on check:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Social Security Number or TIN: \_\_\_\_\_

Address where payment should be mailed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_