**EXPLANATION AND NOTES ON THE**

**“Indiana Veteran Recovery Pilot Study and Budget”.**

If you look on PAGE 2 you will see the budget I drafted after meeting with Riverview Hospital and getting their “at cost” expenses. The Hospital CEO, Medical Director, Doctor leading the pilot and I met and developed this document and budget. I based this document of an IRB provided by Rob Beckman.

Page 2 of the budget is the variable expenses.

* I originally set it up for 4 sites—you can adjust based upon your site selection needs/availability.
* Note every patient gets 40 dives (1 hour at 1.5ATA)—this is the Hartch Protocol.
* There are 3 “tests” – before (baseline), at 20 dives, and at 40 dives.
* Additionally, there are 3 follow-ups after the 40 dives at 6, 12, 24 months. These follow-up are to determine durability of the treatment.

Under DIAGNOSTICS:

* ANAM & CNS-VS are the tools used to evaluate the cognitive function Capabilities before, during (20 dives), and after.
* The blood work “tests” is to be used to evaluate drugs and health of the blood and patient at the same before, 20, end.
* Imaging and Transcranial Doppler—was ZEROED out because of their costs and because selected providers may not have the capability to conduct these tests. If there were more funds I would do every 10th patient as reinforcing the efficacy.

Under FIXED COSTS:

* Bookkeeping fee of $3000 is used by the provider to track the “GRANT FUNDS” awarded by the State of Indiana. Having $500K, I assume each of the 5 providers will get $100K. Each provider would get $300 ( $3000 / 2years= $1500 / 5 providers).
* The Statistical & Analytical Support $12,000 is to have DON BERRY (Don worked with Rob Beckman to develop the CareVector Database and system) to provide the analysis and reports for all 5 sites as one complete report for Indiana. *Every state using this could be rolled up into a “grand total” report used to get FDA approval of HBOT.* Each state will be able to have their own folder so reporting by state to state legislators could be done.

Under STAFF:

* Travel of $2,000 is to have Rob Beckman fly to Indiana, his hotel rooms and food. I plan to pick him up at the airport and drive him to each site, be there the entire time, and return him to the airport when all training is done at all 5 locations.

CareVector:

* This money is for access, connectivity (via Internet), data storage, and equipment for all 5 locations to load their data for each patient in the pilot study. CareVector is the system used via the Internet to conduct the before, during, and after data collection.  *Every state using this will add to the total data collection. My sense is that we will need at least 1500 patient’s data to have enough so that we can submit for FDA approval and thus having insurance cover this for everyone.*