



The CRO Bid Defense Playbook:

10 Budget Line Items Worth Challenging

Elite sponsor-side outsourcing leaders do not negotiate CRO bids by instinct — they challenge the assumptions, benchmarks, & governance structures driving cost exposure. This briefing identifies the most commonly overlooked budget categories where experienced sponsors gain leverage, reduce hidden contingency, and improve operational accountability before study award.

Elite Sponsor Question:

What benchmark, assumption, or governance mechanism is driving this cost?

01 FTE RATE CARDS <i>- Shared or offshore resources are often priced at inflated blended rates disconnected from actual deployment models.</i>	02 PASS-THROUGH MARKUPS <i>- Labs, imaging, and translation vendors frequently exceed intended markup caps unless separated contractually.</i>
03 SCREEN FAILURE ASSUMPTIONS <i>- Conservative enrollment assumptions can materially inflate oncology and rare disease budgets.</i>	04 MONITORING FREQUENCY <i>- Fixed monitoring schedules may overstate required oversight versus RBM operational models.</i>
05 PROJECT MANAGEMENT HOURS <i>- Programs budgeted with effectively shared PM support are often modeled as dedicated resources.</i>	06 DM & BIostatISTICS <i>- Database build and lock assumptions are routinely benchmarked conservatively.</i>
07 SITE STARTUP TIMELINES <i>- Extended startup assumptions create hidden PM and regulatory cost expansion.</i>	08 CHANGE ORDER LANGUAGE <i>- Poorly defined contingency assumptions become future CO exposure.</i>
09 INVESTIGATOR GRANTS <i>- FMV alignment and management fees are commonly under-scrutinized.</i>	10 TERMINATION LIABILITY <i>- Broad work-in-progress definitions can materially overstate sponsor exposure.</i>

Blueprint Clinical

Strategic clinical outsourcing guidance for sponsors seeking stronger leverage, cleaner governance, and disciplined CRO execution.