

Screen Failure Payments

What Sponsors and CROs Should Know. A Site Advocacy Brief from SCRS

This brief is meant to inform one decision: how screen failure compensation is structured in the study budget and site agreement, ideally at protocol finalization, not renegotiated after enrollment challenges emerge.

Why This Matters

Screen failures are one of the most significant, and most inconsistently compensated, cost drivers in clinical trials. When study budgets go underfunded, sites report screen failure reimbursement is one of the areas hit hardest.

46% of SCRS site respondents who reported regularly underfunded budgets named screen failure reimbursement among the top categories affected, trailing only recruitment funding.

Source: 2025 SCRS Global Site Landscape Survey. Site respondents reporting regularly underfunded budgets (n=26). Awaiting confirmation against the full survey wave before external publication.

This isn't a site-versus-sponsor problem. It's a structural budgeting gap. And a small set of practices can close it without adding meaningful cost to well-run studies.

Five Practices That Work

- **Pay the full visit fee, not a ratio.** Ratio-based discounts (e.g., paying 50% of visit cost) penalize sites and quietly discourage them from screening borderline-eligible candidates.
- **Build in a tiered, performance-based structure.** Within-target performance pays the full fee. Elevated screen failure rates (up to 125% of target) trigger a site review but still pay in full. Only rates above 125% shift excess cost to the sponsor's reserve.
- **Set checkpoints, not just a final review.** Formal reviews at 10%, 25%, and 50% enrollment catch problems early while there's still time for operational fixes like retraining or pre-screening improvements, instead of a costly protocol amendment (\$150K–\$500K+ and 3–6 months) later.

- **Build an explicit reserve into the budget from the start.** Sizing a reserve at 10–15% above the expected screen failure cost protects sites from mid-study payment clawbacks and gives sponsors a predictable internal budget buffer. Keep the amount internal, and return unused funds to the study budget at close instead of counting them as savings to cut next time.
- **Put it in the contract, not the conversation.** The screen failure target rate, fee terms, checkpoint schedule, and pre-screening fee structure should be spelled out in the site agreement at the outset, not negotiated mid-study. Define payment for a subject who fails before screening is complete (full or partial), and set a clear window for reporting screen failure reasons, typically five business days.

The Other Half of the Equation

Fair payment terms work best paired with strong site-side pre-screening, which reduces the number of screen failures sponsors and CROs are paying for in the first place. See our companion brief, *Pre-Screening Best Practices*, for what sites, sponsors, and CROs can each do.

Quick Reference

Area	Best Practice
Payment	Full visit fee; no ratios; explicit reserve built into the budget
Flexibility	Tiered performance framework with defined thresholds
Checkpoints	At 10%, 25%, and 50% enrollment; ad hoc review above 125% SF rate
Contracts	Explicit SF target, fee, checkpoints, and pre-screening fee in the agreement
Accountability	Sponsor absorbs above-target costs; sites are never penalized for protocol-level issues
Data	Benchmark before study start; track screen failure rate by site; feed results into future site selection and reserve sizing

Make the Data Work Beyond This Study

Screen failure data is worth more than a single study snapshot.

- **Benchmark before you set the target.** Use internal history, external indication benchmarks, and protocol-specific risk factors, not a generic assumption.
- **Monitor by site, not just in aggregate.** Site-level tracking flags a problem site before it skews the study-wide number.
- **Feed results into future site selection.** A high historical rate tied to weak pre-screening infrastructure is a risk factor. A high rate on a study with a difficult protocol should not be held against a site the same way.
- **Share benchmarks back.** Aggregated, anonymized data shared at study close builds trust and supports sites' own quality improvement.

What Sponsors and CROs Own

These responsibilities sit with the sponsor or CRO, not the site:

- Maintaining the reserve and absorbing costs above the 125% threshold.
- Running root cause analysis when a site's rate is elevated, and determining whether the cause is site-specific or protocol-level.
- Issuing updated training or eligibility guidance when a protocol-level issue is identified.
- Possible support of AI or technology pre-screening tools deployed by sites.

Where SCRS Stands

The working group is advocating for these principles to become standard in site agreements and study budgets industry-wide, not as a site ask, but as a shared investment in cleaner data, faster enrollment, and fewer costly protocol amendments.

Developed by SCRS from the Screen Failure Payment Initiative working sessions (site, sponsor, and CRO participants),

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