# Clinical Research Center (CRC)

**Participant Registration Form**

To schedule BSLMC CRC visits, please secure email this form with signed orders (required) and signed consent (if available) to the BSLMC CRC office (BSLMC-CRC@bcm.edu). If you do not receive a confirmation email within two business days, please call 713-798-6024. BSLMC Administrative Approval is required to utilize the CRC.

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| Patient’s First Name: Last Name: Middle:Study subject ID: MRN: |
| Gender: [ ]  Male [ ] Female Date of Birth: SSN\*: |
| Address:City: State: Zip Code:Home phone: Work phone: |
| IRB # (study account): Healthy volunteer: [ ]  Yes [ ]  No |
| Investigator name: Phone # & email: |
| Coordinator name: Phone # & email: |
| Study visit day/week/number\*: Visit date & time (CST):\* As per schedule of events |
| Visit day of the week: Estimated length of visit: |
| Bed Number: 2001 Diagnosis code(s)\*: Z00.6 |
| \* Please add primary diagnosis if not healthy volunteer |
| **PATIENT TYPE** |
| Will this visit be covered 100% by the research study? [ ]  Yes [ ]  No |
|  | If no, will insurance verification be needed? [ ]  Yes\* [ ]  No - Medicare funded - HIC #: |
|  | \* If yes, enter insurance information below: |
| Insurance Company Name: Group Name: Group #:Insured’s ID #: Policy #:Claims Mailing Address/phone number: |
| **Comments:**  |  |

Note: The BSLMC CRC Office is responsible for scheduling CRC research visits. Investigators and study teams may not independently schedule CRC patients. For questions or concerns, call 713-798-6024. PAS please print labels to PR0949 on PRT1, port 10.78.116.230

\* Note: Social Security number is not required; however, it is helpful in reducing the likelihood of duplicate medical records

ed: 28June2018 - AEsquivel