

##  Clinical Research Center Service Request

**Instructions:** To request study support from the Baylor St. Luke’s Medical Center (BSLMC) Clinical Research Center (CRC), please complete this form and submit it to BSLMC-CRC@bcm.edu

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|  |
| IRB of record #: |  | BCM H#: |  |
| Principal Investigator: | Name:Phone:Email: |
| Administrative Contact: | Name:Phone:Email: |
| Study Title: |  |
| Short Title: |  |
| Brief description of study & purpose: |  |
| Study Sponsor: |  |
| Study funding source: |  [ ]  Industry [ ]  Non-industry |
|  |
| CRC Stay Type: |  [ ]  In-patient [ ]  Out-patient |
| Expected project start date: |  | Expected project end date: |  |
| Total # Subjects to be seen at CRC: |  | Number of CRC visits per subject: |  |

|  |  |
| --- | --- |
| [ ]  Drug  | Name: |
| IND#: |
| Route of administration: [ ]  PO [ ]  IV [ ]  SQ [ ]  IM [ ]  Other:  |
| [ ]  Other Meds (list): |
| [ ]  Device | Name: |
| IDE#: |
| Study Phase |  |
| NCT # (if available) |  |
| Time subject is to be seen at CRC | [ ]  AM visit [ ]  PM visit [ ]  Weekday [ ]  Weekend |
| Length of CRC visit -Estimated Start time and number of hours: | Time: : Hours:  |
| Please indicate CRC resources needed  | [ ]  Nursing support [ ]  Room only [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Study procedure(s) to be done at CRC:** |

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| --- | --- | --- | --- | --- |
| **List of Test/Procedure****(CPT code or procedure name)** | **Number of Procedure(s) per Subject** | **CRC Staff** | **Study Team** | **Procedure Type** **(Research vs SOC)** |
| ICF |  |  |  |  |
| Vital sign |  |  |  |  |
| Body measurement |  |  |  |  |
| IP administration |  |  |  |  |
| Labs |  |  |  |  |
| Lab processing |  |  |  |  |
| Lab shipment |  |  |  |  |
| EKG |  |  |  |  |
| Questionnaire |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

|  |  |
| --- | --- |
| Please list any other procedure/testing to be done that is coordinated around CRC visit? |  |
| Please list study supplies/equipment CRC needs to supply: (*PIV supplies, central line access supplies, phlebotomy, refrigerated centrifuge, -20 freezer, -80 freezer, ECG, vital sign machine, weigh scale, glucometer, UPT, etc.)* |  |
| Is special equipment needed? Will study team supply? |  |
| Is translation required? If so, who will serve as translator? |  |
| Please describe any special protocol required dietary needs: |  |
| Any other requirement not covered above: |  |
| Please attach the following:*\*Required* | [ ]  Protocol\* [ ]  Schedule of Events\* [ ]  Informed Consent [ ]  IRB Approval Letter [ ]  CTA [ ]  Final Budget [ ]  Device Instructions For Use (IFU), *if applicable [ ]  Pharmacy manual (if available)* |
|  |
| **REVIEWED/APPROVED BY PRINCIPAL INVESTIGATOR:** |  |
|  | Signature/Date |