

## 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@LISTSERV.BCM.EDU](mailto:BSLMC-CRC@LISTSERV.BCM.EDU)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| 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:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |