

To schedule BSLMC CRC visits, please secure email this form with signed orders (required) and signed consent (if available) to the BSLMC CRC office [crc-support@bcm.edu](mailto:crc-support@bcm.edu). If you do not receive a confirmation email within two business days, please call 713-798-2052. BSLMC Administrative Approval is required to utilize the CRC.

Patient's First Name:		Last Name:		Middle:	
Study subject ID:		MRN:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		SSN*:	
Address:					
City:		State:		Zip Code:	
Home phone:		Work phone:			
IRB # (study account):					
Investigator name:			Phone # & email:		
Coordinator name:			Phone # & email:		
Study visit day/week/number*: <small>* As per schedule of events</small>			Visit date & time (CST):		
Visit day of the week:			Estimated length of visit:		
Bed Number/Room number:			Diagnosis code(s)*:		
<small>* Please add primary diagnosis if not healthy volunteer</small>					
<b>PATIENT TYPE</b>					
Will this visit be covered 100% by the research study? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Insurance Company Name:		Group Name:		Group #:	
Insured's ID #:		Policy #:			
Claims Mailing Address/phone number:					
<b>Comments:</b>					

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 713-798-2052.

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

ed: 1May2018 – Aesquivel

Revised; 31January2022-ZH