

Long Outpatient (LOP) Request

Please complete all the requested information below and email the following forms packet to:
LOPforms@columbia.edu

Participant Registration Information:

Requested Date of Admission:

Requested Time of Admission:

Participant Name:

MR#:

Protocol Name:

Protocol CRR#:

PI Name:

PI Email Address:

PI Telephone#:

Coordinator Name:

Coordinator Email Address:

Coordinator Telephone#:

Is this the participant's first admission to Harkness 10 for this protocol? Y N

Are 3 or more blood samples required for this protocol? Y N

LONG OUTPATIENT RESEARCH PARTICIPANT ADMISSION SHEET

ADMISSION DATE _____ **ADMISSION TIME** _____

PARTICIPANT INFORMATION

Participant Name _____ MR# _____ DOB _____

Gender (circle) **M** **F** Ethnicity _____

Address _____ Tel. _____

City _____ State _____ Zip Code _____

Mother's Name _____ Father's Name _____

Emergency Contact _____ Relationship _____ Tel. _____

Diagnosis (or healthy volunteer for research) _____

STUDY INFORMATION

Admitting Service: _____

P.I. _____ Phone/Cell _____

Admitting MD _____ ID# _____ cell phone# _____

Research Coordinator _____ cell phone# _____

Study Name _____ CRR # _____ IRB # _____

Study Type (check one): Drug Device* Type: _____

Note to P.I.: If device trial, has Medicare coverage been approved? Yes No (If no, do not admit the participant)

SUBJECT INSURANCE INFORMATION

Guarantor Name _____ Phone # _____ Email _____

Primary Insurance _____ Policy # _____

Guarantor Address _____

City _____ State _____ Zip Code _____

Secondary Insurance _____ Policy # _____

RESEARCH BILLING INFORMATION : Please place an "X" next to the appropriate type of admission

_____ A-Day (IICTR -G13) – Non-industry initiated study; Room & board is billed by the CRR to the P.I.; Ancillaries will be billed to the P.I. via NYP blue bill.

_____ B-Day (Insurance Code) – Admission is split between participant insurance and study sponsor.

_____ B-Day (Non- IICTR –Insurance Code) – Entire admission is covered by insurance, but specific tests will be billed to the study via NYP blue bill.

_____ D-Day (IICTR -R10) – Industry initiated study – Room & board is billed by the CRR to the P.I.; Ancillaries will be billed to the P.I. via NYP blue bill.

Signature/Credentials _____ **Date** _____

Flow Sheet for Long Outpatient Visits on Harkness 10

Protocol Name:

Protocol CRR#:

PI: _____

Coordinator: _____

Contact number: _____

Contact number: _____

Protocol Flow Sheet for Long Outpatient Visits:

<u>Hour from Admission</u>	<u>Procedures</u>	<u>Nursing Duties</u>	<u>Researcher or Coordinators Duties</u>
0 (baseline)			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Specialized equipment required for your study (gases, liquids, solids, monitors):

Specimen collection tubes (type and number):

Infusates and medications (include those prepared by the research pharmacy):

Possible side-effects (clinical trials):