

DEPARTMENT INFORMATION	
Department Name	
Contact Person	
Contact Number	

STUDY INFORMATION	
Study Name	
Principal Investigator	
Mnemonic Name	
IRBNet Number	
NCT number	
IDE/IND#	

PATIENT INFORMATION	
Patient Name	
Date of Birth	
Study ID	
Date of Consent	
Date of Service	
Treating Physician	
MRN #	
EPIC Encounter #	
Visit Type	
Items Billed to Research	
Routine Care items	
Check one: <div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>Check ALL that apply</i></div>	New Research Study <input type="checkbox"/> Screen Failure <input type="checkbox"/> Account Hold <input type="checkbox"/> Routine Care Only <input type="checkbox"/> Research Reimbursed Services <input type="checkbox"/> Release Bill <input type="checkbox"/> Off Study <input type="checkbox"/> Research and Routine Care Services <input type="checkbox"/> Study Complete <input type="checkbox"/>
Notes	