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| **Section I: Study Information** |
| **1. Study Name (Acronym):**       |
| **2.** **NCT #:**       |
| **3.** **Study Description** |
| Protocol Title:      Investigational Product*:*       *IRB of Record:*      Principal Investigator:      Co-Investigator(s):      Primary Coordinator:      Secondary Coordinator:       | *COPY exactly from PROTOCOL or Contract**If not in protocol name**\*Must Provide name, phone, and email for each person listed* |
| **4.** **IRB identification # (i.e. PIRB=IRB net #):**       |
| **5. Study Coordinators:**       |
| **6. Research Contacts:**       |
| **7. Links (optional):**       |

# **Section II: Recruitment Information (Optional)**

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| **1. Patient Facing Name:**        |
| **2. Patient Facing Description:**       |
| **3. Do you want this to show in My Chart? Yes** [ ]  **No** [ ]   | This will show available studies to the patient in MyChart based on their medical record. This displays the Patient Facing Name and Description above. |
| **4. When is the study going live?**       |  |
| **5. What is the enrollment period?**       |  |
| **6. Do you want to send recruitment requests? Yes** [ ]  **No** [ ]  | If no, you can skip to question 8. |
| **7. Do you want to get a Recruitment Notification for Interested? (Coordinator and/or PI):** [ ]  **No**  [ ]  **Yes** [ ]  **Coordinator;**[ ]  **PI; or**[ ]  **Coordinator & PI**  |
| **8. Do you want to get a Recruitment Notification for Declined? (Coordinator and/or PI):**  [ ]  **No**  [ ]  **Yes** [ ]  **Coordinator;**[ ]  **PI; or**[ ]  **Coordinator & PI**  |
| **9. Do you want to require provider approval before sending recruitment requests?** **Yes** [ ]  **No** [ ]  |
| **10. Do you want a tool to help identify patients for your studies? Yes** [ ]  **No** [ ]  \*\*This is very time consuming to build. Please only mark if you are planning to use.  \*\*We will not ask IT to build this if this box is not filled out |
| **11. Inclusion/Exclusion Criteria:**       \*If you struggle with formatting you may put (See attachment) and include a separate document with the criteria. |

# **Section III: CRBO ONLY**

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| **1. Study Code:**       |
| 2. **Study Type: [ ]  Billing Only [ ]  Device [ ]  Drug/Biologic [ ]  Expanded Use [ ]  HUD/HDE** **[ ] Interactional/Descriptive [ ] Observational [ ] Procedure or Interventional** |
| **3a. Billing Contact** | **Clinical Research Business Office** |
| **3b. Billing Address** | Address | 1420 W Pioneer Parkway |
|  | City | Peoria |
|  | State | IL |
|  | Zip Code | 61615 |
| **4. Principal Investigator:**       | \*\*\*Look at study description above for PI name |
| **5. IDE Trial?: [ ]  IDE-Cat A [ ]  IDE-Cat B [ ]  IDE-None [ ]  N/A**  |
| **6.** **Certificate of Confidentiality?:** **Yes** [ ]  **No** [ ]  |
| **7.** **Billable Services?:** **Yes** [ ]  **No** [ ]  |
| **8.** **Federally Funded?:** **Yes** [ ]  **No** [ ]  |
| **9. Expanded Access Type?: [ ]  Device [ ]  Drug or Biological [ ]  Non-Significant Risk [ ]  Significant Risk** **[ ]  Unknown [ ]  N/A** |
| **10. Medicare Registry (TAVRs etc.): Yes [ ]  No [ ]**  |
| **11. IDE#/PMA#**       |
| **12. IDE#/PMA#**       |
| **13.** **Is a billing protocol Necessary?:** **Yes** [ ]  **No** [ ]  |

# **Section IV: Notification Settings \*Optional**

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| **1. ADT (Admission, Discharge, Transfer) Event** | Default YES (Do nothing) |
| **2. Procedure Result\*** | RSH RESULTS ROUTING STUDY USERS – CC COORDINATORS |