

CIN Clinical Research – Assist (CR-Assist)
Study Visit Setup form

Instructions: This form should be completed electronically or manually by the main study coordinator or the principal investigator. The entire form should be emailed back to cholloway@msm.edu or faxed to CIN Administration offices at 404-756-8972. Please complete 1 form for each visit.

Study Visit Entry

All fields are required

Study Name: _____ Visit No. _____ Sequence No _____

Short Name: _____ Long Name: _____

Visit Type: Inpt ___ Outpt ___ Phone ___ Sample _____

Visit Class: Enrollment ___ Screening ___ Follow up ___ Completion _____ Not a GCRC Visit _____

Duration in hours: _____ Fasting: Yes ___ No ___ CIN has to approve visit: Yes ___ No ___

Automatically calculate appointment date

Enable: Yes ___ No ___

No of days: _____ After visit: Enrollment ___ Screening ___ Followup ___ Completion _____ Misc _____

Location

Grady ___ Emory ___ Ponce Center ___ WesleyWoods ___ EUHM ___ CHD ___

Emory Childrens ___ Egleston ___ Other location _____

Services needed by visit

Grady lab ___ Emory lab ___ CIN core lab ___ CIN metabolic kitchen ___ EUHM lab ___ Off site nursing _____

For Emory Hospital site: Treadmill room ___ Infusion room ___ Ultrasound room _____

(Please complete the resources required form if these rooms are needed.)

Emory hospital billing (PRGB) form parameters

Charges for CIN grant number: ___ Partial (charges are to be allowanced to the CIN grant number)

___ None (No charges should be billed to the CIN grant number)

Billing codes charged to CIN grant no: None _____

List codes _____

All other medically appropriate charges with this visit are billed to:

___ Sponsor/Vendor (Contact billing office to assure appropriate billing information is entered into HealthQuest)

___ Another grant account (Submit another PRGB for the other grant)

___ Account's 3rd payer (Enter participant's insurance information)

___ None indicated

Study comments on PRGB: _____

For CIN Administration Staff Only

CIN Approve Cost: _____

Approved Visits: _____