

Clear Form

## CLINICAL RESEARCH UNIT INTAKE FORM

<b>PI Name:</b>		<b>Date:</b>
<b>PI Phone:</b>	<b>PI Pager:</b>	<b>PI Email:</b>
<b>Study Coordinator Name:</b>		
<b>Coordinator Phone:</b>		<b>Coordinator Email:</b>
<b>Study Title:</b>		
<b>Study Start:</b>	<b>Estimated # of Subjects:</b>	<b># of Visits per Subject:</b>
<b>Funding Source:</b>		<b>Admin Entity:</b>
<b>Account No.:</b>		<b>MIRB No.:</b>

### SERVICES & RATES

Service	Industry Cost	QTY	Total	Non-Industry Cost	QTY	Total
BUDGET PREP/hour	\$83			\$79		
PRE-STUDY ASSIST (SITE VISIT)/hour	\$83			\$79		
STUDY ASSISTANCE/hour	\$83			\$79		
USE OF SPACE/hour	\$28			\$26		
USE OF SPACE MAX/day (5+ hours)	\$138			\$131		
FINGER STICK/unit	\$17			\$16		
IM/SQ INJECTION/unit	\$17			\$16		
INSERT IV LINE/unit	\$39			\$37		
IV INJECTION/unit	\$28			\$26		
IV INFUSION - 1st hour	\$165			\$158		
IV INFUSION - additional hour	\$44			\$42		
VACCINATION/unit	\$17			\$16		
SCRATCH TEST/unit	\$17			\$16		
MEDICAL HISTORY/unit	\$28			\$26		
BRIEF PHYSICAL/unit	\$28			\$26		
COMPLETE PHYSICAL/unit	\$55			\$53		
VITAL SIGNS/unit	\$17			\$16		
MONITOR VITAL SIGNS/unit	\$11			\$11		
BLOOD DRAW/unit	\$17			\$16		
URINE SAMPLE/unit	\$17			\$16		
SAMPLING FROM IV LINE/unit	\$17			\$16		
BLOOD PROCESSING/unit	\$17			\$16		
SHIPPING OF SAMPLES/unit	\$17			\$16		
DEXA - ONE PERIPHERAL BONE/unit	\$55			\$53		
DEXA - TOTAL BODY COMP/unit	\$110			\$105		
DEXA - TOTAL BODY COMPOSITION PLUS PERIPHERAL BONE/unit	\$165			\$158		
EKG TRACING ONLY/unit	\$55			\$53		
<b>TOTAL</b>						

Equipment (no charge)  -80° Freezer  Centrifuge

**FOR OFFICE USE ONLY:**

## Instructions for Completing the Clinical Research Unit Intake Form

### Contact and Project Information:

1. **PI Name:** List the first and last names of the Principal Investigator (PI).
2. **Date:** List the date the form is completed.
3. **PI Phone:** PI's direct number
4. **PI Pager:** PI's pager number
5. **PI Email:** PI's email address
6. **Study Coordinator Name:** List the Study Coordinator's first and last names.
7. **Coordinator Phone:** Coordinator's direct phone number
8. **Coordinator Email:** Coordinator's email
9. **Study Title:** Complete this field with the title of the project. The title may be abbreviated, but it should contain enough information to be able to identify the study.
10. **Study Start:** The study start date is the date the work is anticipated to commence with the CRU after the R&D approval process is complete.
11. **Estimated # of Subjects:** List the estimated number of subjects to be enrolled in the study.
12. **# of Visits per Subject:** List the estimated number of visits each subject is expected to be seen at the CRU per protocol.
13. **Funding Source:** Indicate whether the funds come from industry sponsors, which includes funding from pharmaceutical companies such as Merck, GSK, Novartis, etc., or non-industry funding such as VA, NIH, DoD, ADA, ALA, etc.
14. **Admin Entity:** The administrative entity is the institution responsible for managing the administrative components of the award such as the budgets. There are three options: VA Puget Sound (VA), the Seattle Institute for Biomedical and Clinical Research (SIBCR) and the University of Washington (UW).
15. **Account No.:** This is the number issued by the administrative entity. The numbers of each entity have specific formats, for example, GEH3 (VA), DF140 (SIBCR) and 61-1234 (UW). It is very important to list the correct number to facilitate the billing process.
16. **MIRB No.:** The MIRB number is issued by VA R&D and is used to identify VA-approved studies. Examples include: 00806, 01690 and 01378.

### Services and Rates

Request services and complete the appropriate rate information. For example, if funding comes from industry sponsors (e.g., Merck, GSK, etc), industry rates apply. If the project is a non-industry funded study (VA, NIH, etc.), then non-industry rates apply.

### Equipment

If use of CRU equipment is required, please indicate which equipment will be needed.

### For Office Use Only

This section is used by the administrative office for billing purposes. It does not need to be completed by PIs and study staff.

### Form Submission

Upon completion of the form, please email it to [Teresita.Cornell@va.gov](mailto:Teresita.Cornell@va.gov). For questions, please contact Teresita at (206) 768-5204.