

Study Name:

IRB #:

Visit:

Please complete One Form per Visit if Procedures Vary

All assisted patient visit orders will be placed in EPIC by the study team *prior* to the patient visit. All study documentation will be charted in EPIC by the GCRC Nursing team. All assisted visits will include baseline vital signs: *blood pressure, heart rate, respiratory rate, SpO2, temperature, height and weight.*

Please Identify Additional Procedural Information Below

1. Isolation precautions – i.e. CF, C-Diff, COVID
 - Not applicable
 - Precautions _____

2. NPO status - Indicate any special instructions, i.e. NPO prior to labs, medications, treatment.
 - Not NPO
 - NPO prior to _____
 - Can resume regular diet after _____

3. Activity Note – Indicate any special instructions for activity.
 - Up ad lib
 - _____

4. Diet –Specify type of meal and at what point in the study the meal is to be provided.
 - Snack at end of study visit
 - Breakfast after _____
 - Lunch after _____
 - Other _____

5. Urine- All urine will be collected as clean catch. Indicate any special instructions, i.e. volume.
 - Not needed
 - Needed _____
 - Urine Pregnancy Urine Drug Screen Urine Dip Stick

6. Vitals Signs- Include specific instructions, i.e. serial vitals, ortho-static, positional, etc.
 - Standard VS only
 - Special instructions _____

7. Additional information needed by nurse to run study, i.e. urine pregnancy test must be negative prior to...

Items requiring signed Doctors Orders

8. Venipuncture

- Not needed
- Butterfly
- IV

9. Labs – include number of tubes required for all draws per visit

- | | | |
|---|---|--|
| <input type="checkbox"/> Not needed | <input type="checkbox"/> EML (orders in EPIC or lab requisition form) | |
| <input type="checkbox"/> GCRC to provide tubes | <input type="checkbox"/> Sponsor provided tubes | <input type="checkbox"/> Sample to GCRC Lab |
| <input type="checkbox"/> 2.7 mL Lt blue x _____ | <input type="checkbox"/> 3.5 mL gold x _____ | <input type="checkbox"/> 8.5 mL tiger x _____ |
| <input type="checkbox"/> 10.0 mL red x _____ | <input type="checkbox"/> 5.0 mL red x _____ | <input type="checkbox"/> 4.0 mL red x _____ |
| <input type="checkbox"/> 10.0 mL green x _____ | <input type="checkbox"/> 3.0 mL Lt green x _____ | <input type="checkbox"/> 4.0 mL dk green x _____ |
| <input type="checkbox"/> 10.0 mL purple x _____ | <input type="checkbox"/> 6.0 mL purple x _____ | <input type="checkbox"/> 4.0 mL purple x _____ |
| <input type="checkbox"/> _____ mL syringe x _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

10. Additional Services

- Not Needed

- ECG DEXA Treadmill POCT BG Other: _____
- Sponsor Provided Equipment/ tests: _____

11. Medications – Requires drug name, dose, route, and any instructions.

- No medications
- Pre-med: _____
- Study Med: _____
- Hypersensitivity protocol: _____

12. Additional Procedures/Tests – specify, i.e. biopsy, lumbar puncture, 6MWT, etc.

- Not needed
 - Needed - List
- _____
- _____
- _____

GCRC Lab Director: Dalia Arafat Gulick, DC	Date:	Initials:
GCRC Nursing Director: Sérgio Mota, DNP, RN, CCRN-CSC, NE-BC	Date:	Initials

If orders are not signed in EPIC, this page must be signed by physician as an order for each patient prior to study visit as a formal record.

Physician's Signature: _____

Date: _____