**Research Request for Surgical/ Interventional Radiology/ Endoscopy Services**

Requestor:

Date of Request: Click or tap to enter a date.

1. **General Study Information** *(To be completed by: Research Development Coordinator)*

Service Line/Specialty Area:

Protocol Title:

PI:

Other participating surgeons operating under the oversight of PI:

IRB #:

Is the Corewell Health Research Department coordinating this study?  Yes  No

Where is the procedure occurring?  OR  IR  Endoscopy  Other: \_\_\_\_\_\_\_\_\_

Will Anesthesiology Services (WMA) be required?  Yes  No

Site(s)/location(s) where surgical services is being requested:

**Main Study Contact Name:**

*[Note: This clinical research team member will notify Surgical Services of newly enrolled patients to assure charges drop correctly. See Section 5 for details on the communication plan for this study.]*

Email:

Phone:

**Study Sponsor:**

Main Sponsor Contact Name:

Email:

Phone:

**Projected Start Date:** Click or tap to enter a date.

**End Date:** Click or tap to enter a date.

1. **Device/Procedure Information** *(To be completed by: Research Development Coordinator)*

What is/are the surgical procedure name(s) in which this product will be used:

Is the device FDA approved for the proposed use? Yes No

Is this procedure new to SH?

Yes, never been performed here.

No

Is this device new to SH?

Yes\*

No

*\*If ‘yes’ is selected above, and the device is not investigational or being provided by the sponsor, the Research Development Coordinator should reach out to a sourcing specialist for assistance with device/product procurement.*

Projected number of subjects at each surgical location:

What is the method of delivery to the procedure room?

Are there additional staff or facility needs required for this study?

Yes, explain

No

Will there be sponsor representatives or other Non-Corewell Health Staff members needing to be present during the cases? Yes No

If yes, list:

Sponsor Representative Name(s):

Email/s:

1. **CDM Set-up** *(To be completed by: Research Finance)*

*[Note: If Research Finance doesn’t have the ability to complete this section, share the incomplete form with surgical*

*services to put Research Team in touch with revenue integrity and/or appropriate clinical leaders. They will be able to assist with completion of this section.]*

Is this a chargeable item? Yes  No

Should this item be charged to the patient? Yes  No

Revenue code:

Price:

IDE #:

CPT/HCPCS:

Description of CDM:

1. **Operational Information** *(To be completed by: Research Finance)*

*[Note: If Research Finance doesn’t have the ability to complete this section, share the incomplete form with surgical*

*services to get in touch with clinical leaders in the appropriate space. They will be able to assist with completion of this section.]*

What will be covered by the sponsor (specify)?

What will be covered by the patient/insurance (specify)?

Will Surgical Services be responsible for purchasing devices? Yes No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of Devices / Products to be Acquired | PO # | Catalog # | Model # | Description | Cost | Chargeable Y/N |
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1. **Communication Plan** *(To be completed by: Research Development Coordinator)*

When a new patient is enrolled in the study, communication from the Research Team will occur according to the following plan:

Communication sent as: Secure Email Other (please specify):

Will provide this Request form and the following information:

|  |
| --- |
| *Patient name, Date of Service, MRN (\*send email with “[secure]” in subject line)* |
|  |
|  |

Send from: *[Insert name of Primary Clinical Coordinator]*

Send to: *‘Surgical – Research Request’* group

*At this point, Research Finance will sign off and date section 6 below, and return form to Research Development team member. RD team member will send electronic protocol with this request form and any other applicable information to the ‘Surgical – Research Request’ group.*

1. **Sign-off Approvals (To be completed by: Research Finance, Surgical Services & Revenue Department)**

Reviewed by Spectrum Health Research Finance

Date of Review:

Research Finance contact(s):

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Reviewed by Spectrum Health Surgical Services, Clinical Staff

Date of Review:

Surgical Services contact(s):

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Reviewed by Spectrum Health Interventional Radiology Services, Clinical Staff

Date of Review:

Surgical Services contact(s):

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Reviewed by Business Operations, Dept. Based Revenue Coordinators

Date of Review:

Revenue Coordinator contact(s):

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Reviewed by Revenue Integrity

Date of Review:

Revenue Integrity contact(s):