# Research Request for Pulmonary-Respiratory Therapy

Office of Research and Education

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| Protocol Name: |
| Short Study Name: |
| IRB#: |
| Projected # of subjects at this site: |
| Projected Start Date: |
| Projected End Date: |
| Is the study being coordinated via Spectrum Health Office of Research: Yes  No  If no, name organization: |
| Principal Investigator Name: |
| Study Coordinator/Main Contact Person: |
| Address: |
| Phone: |
| Fax: |
| Email: |
| Respiratory Therapy Request needed: Yes  No  If yes, provide details: |
| Impact on the clinic/what will need to be done by clinic staff: |
| Please describe your plan for communicating any study related procedures to clinic staff: |

Clinical Research staff should address any pertinent study budget items with pulmonary or respiratory team. This may include relevant CPT codes and/or time to complete a specific research function. This should be communicated to the Spectrum Health Office of Sponsored Programs analyst.

Send the protocol with this request form to the appropriate department listed below:

* Pulmonary Diagnostics Practice Manager and Supervisor:

(PFT) Kenny Harker: [Kenneth.Harker@spectrumhealth.org](mailto:Kenneth.Harker@spectrumhealth.org)

(Bronch Suite) Will Mace: [william.mace@spectrumhealth.org](mailto:william.mace@spectrumhealth.org)

* 4100 Lake Drive Pulmonary Clinic Practice Manager:

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* Inpatient Respiratory Manager:

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* Inpatient Clinical Leads:

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Submission of this form constitutes agreement to conduct the above protocol in accordance with Spectrum Health’s policies.

Submitted by:       Date: