# 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

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

* 4100 Lake Drive Pulmonary Clinic Practice Manager:

 Marie Dennett: Marie.Dennett@spectrumhealth.org

* Inpatient Respiratory Manager:

Jessica Sturgill: Jessica.Sturgill@spectrumhealth.org

* Inpatient Clinical Leads:

Maria Mast: Maria.Mast@spectrumhealth.org

Faith Kass-Carrier: Faith.Kass-Carrier@spectrumhealth.org

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

Submitted by:       Date: