ALL FORMS TO BE COMPLETED BY STUDY COORDINATOR AND EMAILED TO Ryan.Barbe@hcahealthcare.com. CONTRACT BUDGET/MEDITECH CHARGE FORM IS EXCLUDED FOR MEDICAL RECORD REVIEW ONLY STUDY.

Tulane Medical Research Study Information Form

STUDY TITLE:

IRB #: IRB APPROVAL DATE:

PRIMARY INVESTIGATOR:
PHONE NUMBER:

RESEARCH COORDINATOR:
PHONE NUMBER:

PROTOCOL SUMMARY:

MEDICATIONS IN STUDY:

TREATMENT RESPONSIBILITIES:
Coordinator:
Hospital/Clinic Nurse:

Process Described:
1. Coordinators will furnish a completed copy of the form to HCA through the website portal, as soon IRB approval is received.
2. The information form will be available to all of the areas of the hospital immediately following submission.
3. All nursing staff will know exactly where to look for information on any research study, will easily have access to an overview of the study and have an immediate contact name and number.
4. This will not preclude education inservice provided for areas directly involved in the research procedure.