1) **Admit to CTRC for Protocol # Visit #**

**Title:**

 **Location(select all that apply):** [ ]  **Inpatient** [ ]  **Outpatient**

2) **Notify:** Study Coordinator of patient arrival to the unit.

 PI: Provider on Study: CRC:

 Cell #: Cell #: Cell #:

3) **Obtain: Vital Signs (VS) Height, Weight:** No shoes, empty pockets, no heavy coat/jacket

4) Verify Allergies

5) Verify Documents

 Consent Auth B H&P Central Venous Line access/flushing protocol.

6) **STAT orders/Special Considerations**: See Invite (or N/A)

7) **Visit Parameters:**

Call MD for BP >180/100, <90/50, HR>110 <40, RR>20, <6, Glucose >250 <50 (Standard CTRC call orders)

8) **Diet:**

9) **Activity:**

10) **Stop Criteria:** Per Coordinator discretion. Notify as needed

11) **Medication Orders:** [ ] UCHealth IP Research Pharmacy or [ ] CU Anschutz OP Research Pharmacy (select one)

 **Predose:**

 **Study Drug:**

**PRN Meds:**

**Special Medication Administration Instructions:**

**(ex. Special tubing, handling, or addition of an in-line filter)**

12) **Procedures for Protocol**

**A) Venous Access:**

**B) Labs (Blood/ Urine/other): COMPLETE LAB SECTION TABLES (only select as applicable)**

[ ]  **Study Team to process and ship (no CTRC processing required)**

[ ]  **Tubes provided by CTRC (list all tubes needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Tubes provided by Sponsor**

[ ]  **UCH Clinical Lab (if applicable)**

[ ]  **Collected on OP Unit– Use Beaker Build process (no need to complete the table below)**

[ ]  **Collected on IP Unit – Complete the table below, reference** [**UCHealth Lab**](https://www.testmenu.com/universityhospital) **directory for lab codes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assay Name & Lab Code (required)** | **Timepoint(s)****(required)** | **Sample Type****(If known)** | **Tube/container type/color****(If known)** | **Collection Tube Size****(Lab Use Only)** |
| ***CBC with auto-diff LAB1748 (example)***  | ***Pre-dose*** | ***Plasma*** | ***Purple*** |  |
| ***CMP Lab17 (example)*** | ***Pre-dose, EOI, EOI + 3hr*** | ***Plasma*** | ***Green w/Gel*** |  |
|  |  |  |  |  |
|  |  |  |  |  |

[ ]  **CTRC Research Core Lab (if applicable)**

[ ]  **Industry-initiated studies- Email lab manual to** **Core Lab** **-no need to complete table below**

[ ]  **Investigator-initiated studies- Complete the table below**

**\*If identical labs to another study, list COMIRB# and Visit here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assay Name (required)** | **Timepoint(s)****(required)** | **Sample Type****(If known)** | **Tube/container type/color****(If known)** | **Collection Tube Size****(Lab Use Only)** |
| ***TSH (example)*** | ***-10, 360*** | ***Serum*** | ***Red*** |  |
| ***Lipid +LDL (example)*** | ***-10 ,0, 30, 60, 90***  | ***Plasma*** | ***Purple*** |  |
|  |  |  |  |  |
|  |  |  |  |  |

13) **Discharge Home:**

* Discontinue PIV if applicable
* De-access port if applicable

14) **Other:**

|  |  |  |
| --- | --- | --- |
| MD Name (Printed or typed) | MD Signature | Date |
| Pharmacist Name (If applicable) (Printed or typed) | Pharmacist Signature | Date |
| Nursing Leadership Name Diane Branham, RN, BSN, MBA, CCRCORKyla Wulff, RN, BSN | Nurse Leadership Signature | Date |