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**](mailto:ctrccorelab@cuanschutz.edu) **-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, CCRC  OR  Kyla Wulff, RN, BSN | Nurse Leadership Signature | Date |