CHI St. Luke's Health

**Call Center Research Visit Registration Form** 

Baylor St. Luke's Medical Center

Use this form for scheduling: RESEARCH STUDY PATIENTS*						Research Coordinator Use Only				
						Ordering Physician:				
•	study account):							<u> </u>		
Date Consent Signed**: Total # pages, including this form:							Diagnosis: (no R/O or possible diagnosis)			
	uaing this form					700.0	(	consic alagnee	,	
Create a patient MRN:		YES	i	NO		Z00.6,		<b>a</b> " '		
If No, indicate Patient's current MRN:						Research Coordinator Name:				
ii No, indicate Fatient S curi	ent wixn.						Contact	Number:		
							0011140			
						Email:				
Please call patient to sched	ule test:	YES	i	NO						
						-				
						Please fax with orders and signed				
						research informed consent form**				
Please call patient to verify insurance: YE			S NO			to Call Center: 832-398-				
								7728	002	
<b>-</b>								1120		
Test scheduling window (if applicable):						Coordinators should contact the BSLMC Call				
						Center	at 832-35			to
(Research protocol requires tests to be done within this time frame. Call Center, please notify coordinator if any problems.)						confirm date/time scheduled.				
time frame. Call Center, pleas		ii aliy pioble	1115.)							
Comments:										
			PATIEN		ATION					
LAST NAME			FIRST			MIDDLE INITIAL	-	TITLE (JR, MD	, III)	
SSN		SEX	DOB (MN	//DD/YY)	MARITA	L STATUS				
M F					SINGLE MARRIED DIVO				IER	
MAILING ADDRESS					CITY			STATE	ZIP CODE	
TELEPHONE (HOME)	CELLULAR		EMPLOY	ER NAME			WORK NUMBE	R		
* Non-Clinical Re	search Center patie	nts only. Cli	nical Re	search Cen	iter (CRC) P	atients must	be schedule	ed through t	he CRC.	
**Baylor St. Luke's Medical	Center requires sig	ned researc	- h infor	med conse	nt forms be	associated	with resea	rch nation	s' electronic	
medical records for all stud	ies utilizing informe	ed consent.	Call Ce	enter will att	ach the cons	sent to the Ep	bic MRN, if	sent with thi	s form. If co	nsent
has not yet occurred, fax cons										
	For quest	ions, contac	ct the B	SLMC Res	earch Office	e at 713-798-	6024			
						. at 110-100	~~ <b>~</b>	Rev	. 11.15.17 - Angi	e Esauivel