# **Research Study Information**

1. **Study Title:**
2. Sponsor Name:
3. Study Phase:

# **Personnel**

1. Principal Investigator (PI)

|  |  |
| --- | --- |
| Name (Last, First) | Degree(s) |
| Department | [ ] Student/Fellow/Resident[ ]  Physician Staff[ ]  Nursing Staff  |
| Mailing Address (if other than 800 W. Central Road) |
| Phone Number | E-mail Address |

1. Form Prepared by:

|  |  |
| --- | --- |
| Name (Last, First) | Role in Study |
| Phone Number      | E-mail Address      |

# Coverage Analysis Questions

1. Does your new study include patient care services billed in the NCH system?

[ ]  Yes, continue to Question B

[ ]  No, STOP, your study does not require coverage analysis

1. Does the sponsor pay for some or all of the services (including standard of care)?

[ ]  Yes, STOP, continue to Coverage Analysis Step 2

[ ]  No, everything is billed as per standard of care, STOP, coverage analysis is not needed

1. If submitting an amendment to the IRB, does it include changes to study tests/procedures/treatment?

[ ]  Yes, continue

[ ]  No, STOP, your study does not require coverage analysis

[ ]  N/A, STOP, your study does not require coverage analysis

**Submitters Name: Submitters Signature: Date:**

**PI’s Name: PI’s Signature: Date:**