**UHS Research Order Set**

**IRB #:** HSC201XXXX

**Study Title:**

**Short Name:**

**Purpose Statement: (95 char max):**

**Principal Investigator (PI):** name, title, contact number, e-mail, mailing address

**Research Assistant (RA):** name, title, contact number, e-mail

**Primary contact for questions about Research Order Set***:* name, title, contact number, e-mail **OR** RA listed above **OR** PI listed above

 **Check Order Type: (check)** *Inpatient* ***Or***  *Outpatient*

***The following will be completed by UHS Research Office:***

UHS Project #:

G Plan Code:

Laboratory Location(s):

Principal Investigator Provider ID#:



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| **Instructions:**  |
| All studies utilizing clinical services must submit research order set for entry into the UHS electronic medical record system. The EMR system is commonly referred to as Sunrise. Orders must be written a clear and concise manner and have the same name/nomenclature as Sunrise.If you require information about procedures from a particular department, please contact the Research Department at 210-743-6450 or research@uhs-sa.com.**Enrollment order:** All studies with or without orders require enrollment order.**Disenrollment order:** All studies with or without orders require disenrollment order. |

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| **Research Enrollment Order (REQUIRED)** |
| IRB#HSCXXXX Study Title: XXX Principal Investigator: NAME, EMAIL and PHONE Patient enrolled in the above University Health System research study.Patients screened for the above study, determined to meet all inclusion and no exclusion criteria. Participant/legal guardian approached for participation in the above study. Participant/legal guardian was informed about the study including procedures, risks and benefits. Participant/legal guardian was given the opportunity to have questions answered. All questions answered.  Participant/legal guardian agreed to comply with all study procedures.   Consent document was signed and the signed copy provided to subject or LAR. A signed copy was placed in chart. For any questions please contact: Study Coordinator : NAME, EMAIL and PHONE. Add additional Contacts as needed. |

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| **Research Disenrollment Order (REQUIRED)** |
| IRB#HSCXXXX Study Title: XXXPrincipal Investigator (PI): NAME, EMAIL and PHONEStudy Coordinator: NAME, EMAIL and PHONE |

**CPT codes: *Required***

**SOFT, RIS, and Dept Codes: *Optional,*** *enter if available*

**Please ensure only one order entered per line, insert additional rows if required.**

**Some examples (EX) have been provided; make sure to delete the examples before submitting document.**

**Identify pathology/laboratory procedure required and submit CPT code with order**

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| **Laboratory Tests**  | **CPT Code** | **Soft Lab Code** | **State time or phase per study requirements** |
| **EX.** *CBC with diff* | 85025 | CBCWD | *Day 1, 3, 5* |
| **EX.** *HCG pregnancy test (not pregnancy test)* |  |  | *Before randomization occurs* |
| **EX.** *Basic Metabolic Profile (used to be Chem 10)* |  |  |  |

**Identify radiographic procedure required and submit CPT code with order**

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| --- | --- | --- | --- |
| **Radiology**  | **CPT Code** | **RIS Code** | **State time or phase per study requirements** |
| **EX.** *Research RAD CXR 1-view* | 71010 | 00838395 | *Day 1, 3, 5* |
| **EX.** *Research RAD Liver Doppler* | 76700 | 00838398 | *Visit 1 to rule out portal vein Thrombosis* |
| **EX.** *Research RAD MRI Abdomen* | 74181 | 00995606 | *Beginning and end of study* |

**Identify Cardiac/Vascular procedure required and submit CPT code with order**

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| --- | --- | --- | --- |
| **Cardiology/Vascular** | **CPT Code** | **Dept Code** | **State time or phase per study requirements** |
| **EX.** *Research EKG*  | none | none | *within 28 days of treatment* |
| **EX.** *Research Cardiac Cath Angiogram* | 93458 | 00995602 | *Visit 1* |
| **EX.** *Research Vascular Lab ABI Lower* | 93922 | 00995601 | *Visit 3* |

**Indicate the name(s) of the Investigational Drug(s). The Sunrise Orders will be created by UH research pharmacist**

|  |  |
| --- | --- |
| **Medications** | **State time or phase per study requirements** |
| **EX.** *INV Avatrombopag /Placebo Tab* |  |

**Please specify all the Nursing procedures and timing (nursing orders) require for the study**

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| --- | --- |
| **Nursing Interventions** | **State time or phase per study requirements** |
| **EX.** *Physical assessment to include height (cm) and weight (kg)* | *daily* |
| **EX.** *Start PIV* |  |
| **EX.** *I and O* | *Between investigational drug dose 1 and 2* |

**Identify Respiratory/Pulmonary procedure required and submit CPT code with order**

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| **Respiratory** | **CPT Codes** | **State time or phase per study requirements** |
| **EX.** *Research RESP Sputum Induction* | *none* |  |
| **EX.** *Research RESP Pulmonary Function* | *none* |  |
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| **Research Specific Orders** | **CPT Codes** | **State time or phase per study requirements** |
| **EX.** *Research Intervention* | *none* | *Used for non-standard of care treatments* |
|  |  |  |