

# Call Center Research Visit Registration Form

Use this form for scheduling:  
**RESEARCH STUDY PATIENTS\***

IRB # (study account): \_\_\_\_\_  
 Date Consent Signed\*\*: \_\_\_\_\_

Total # pages, including this form:

Create a patient MRN:	YES	NO
If No, indicate Patient's current MRN:	_____	

Please call patient to schedule test:	YES	NO
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Please call patient to verify insurance:	YES	NO
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Test scheduling window (if applicable): _____
(Research protocol requires tests to be done within this time frame. Call Center, please notify coordinator if any problems.)

Research Coordinator Use Only
Ordering Physician:
Diagnosis: (no R/O or possible diagnosis)
<b>Z00.6,</b>
Research Coordinator Name:
Contact Number:
Email:

<p>Please fax with orders and signed research informed consent form** to Call Center:  <b>832-355-7612</b></p>
<p>Coordinators should contact the BSLMC Call Center at 832-355-0000, option 3 to confirm date/time scheduled.</p>

Comments:
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PATIENT INFORMATION							
LAST NAME		FIRST		MIDDLE INITIAL		TITLE (JR, MD, III)	
SSN		SEX M F	DOB (MM/DD/YY)		MARITAL STATUS SINGLE MARRIED DIVORCE WIDOW OTHER		
MAILING ADDRESS				CITY		STATE	ZIP CODE
TELEPHONE (HOME)		CELLULAR		EMPLOYER NAME		WORK NUMBER	

\* Non-Clinical Research Center patients only. Clinical Research Center (CRC) Patients must be scheduled through the CRC.

**\*\*Baylor St. Luke's Medical Center requires signed research informed consent forms be associated with research patients' electronic medical records for all studies utilizing informed consent.** Call Center will attach the consent to the Epic MRN, if sent with this form. If consent has not yet occurred, fax consent when available to medical records for attachment: 832-355-2661.

For questions, contact the BSLMC Research Office at 713-798-6024