

## 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:** \_\_\_\_\_

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

<b>Please call patient to schedule test:</b>	<b>YES</b>	<b>NO</b>
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<b>Please call patient to verify insurance:</b>	<b>YES</b>	<b>NO</b>
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<b>Test scheduling window (if applicable):</b>	_____
(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: <small>(no R/O or possible diagnosis)</small>
<b>Z00.6,</b>
Research Coordinator Name:
Contact Number:
Email:

**Please fax with orders and signed research informed consent form\*\* to Call Center: 832-398-7728**

Coordinators should contact the BSLMC Call Center at 832-355-0000, option 2 to confirm date/time scheduled.

<b>Comments:</b>
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PATIENT INFORMATION							
LAST NAME		FIRST		MIDDLE INITIAL		TITLE (JR, MD, III)	
SSN		SEX <small>M F</small>	DOB (MM/DD/YY)		MARITAL STATUS <small>SINGLE MARRIED DIVORCE WIDOW OTHER</small>		
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**