THE University of Vermont MEDICAL CENTER

RESEARCH SUBJECT REGISTRATION FORM

Instructions: This form is required for any study subject using UVM Medical Center resources including one-time blood draw, EKG, imaging, etc. The information must be updated and sent to the "Registration – Research Studies" email address in Outlook, or faxed to 847-4179 with a cover page, at the time informed consent is signed, the research intervention is started, the research intervention is stopped, at the time the subject reaches the "billing plan stop date" noted on your study billing plan (if applicable), and at the time of withdrawal/study completion.

I. Initial Enrollment

CHRMS/CHRBSS: _____ (format ## ### or ##-####)

Principal Investigator: _____

Emergency Contact Phone Number/Information: _____
To be used to contact physician or researcher in the event of an emergency or question related to patient care for a participant

Study Contact Name: _____
Study Contact Phone Number and email address: _____
To be used to contact research staff if there are questions with regard to the information provided to registration in this form

Protocol Title: _____
Protocol title is being collected only to confirm the study identification at this time it will not be used or identified in the participant flag in PRISM

Participant Name (Last, First):_____

Date of Birth:_____**Medical Record Number:** _____

DATE OF INFORMED CONSENT:_____(Registration = "Effective Date in GE")

II. INTERVENTION START DATE:_____(Intervention Start Date = "Start Date in GE")

III. INTERVENTION STOP DATE:_____(Intervention Stop Date = "Stop Date in GE")

IV. Billing Plan Completion

BILLING PLAN STOP DATE:_____(Billing Plan Stop Date = "Case End Date in GE")

V. Study End Date

OFF STUDY DATE:_____(Registration = "Completed Date in GE")

Note: Store all versions of this form in the subject's study record.

E-MAIL to "Registration – Research Studies" Outlook Mailbox (registrationresearchstudies@uvmhealth.org) or FAX to 847-4179 within 24 hours of each milestone for the participant, consent, research intervention start date, research intervention stop date, billing plan stop date and off study date.