



## COA RESEARCH PRE-REGISTRATION FORM (post-Epic)

Identify research outpatient visit or inpatient stay prior to the clinic registration or admission.

Submission Date: \_\_\_\_\_ RC Name: \_\_\_\_\_ RC Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Physician: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Medical Record number: \_\_\_\_\_

IRB number: \_\_\_\_\_ Is this an inpatient stay? Yes No

Clinic Location: \_\_\_\_\_ Will patient be registered here? Yes No

Will patient register in Referred Testing? Yes No Is this a blood draw? Yes No

Does this include standard of care procedures? Yes No If yes, provide Insurance Payor: \_\_\_\_\_

List each COA medical procedure from the study for this visit or inpatient stay:

### NON-COA CLINICAL BILLABLES THAT MAY GENERATE A SEPARATE BILL

#### Billed by Pediatrics' Business Svcs (for HSF)

Please mark YES if this visit includes :

- Professional read/interpretation of tests by a DOP faculty member e.g. EEG, ECG, EMG, flow cytometry, blood gas, etc.
- Simon Sedation service
- Add other \_\_\_\_\_

YES?

**Billing of labs / procedures of the UAB Health System will require OnCore.** Questions? Contact Melissa McBrayer, UAB Pediatric Research Office.

#### Billed by Pediatric and Congenital Cardiology

Please mark if this visit includes research echocardiography.

#### Billed by Non UAB and Non COA entitles

Alabama Ophthalmology Associates Pediatric

Anesthesia Associates, PC

Pediatric ENT Associates

Pediatric Radiology Associates, PC (MRI, x-ray, bone scan, CT scan, ultrasound read fees)

See **\*Table of Contacts for Clinical Research Prices** to ensure appropriate billing.

When complete, send this page by email to **ALL** of the following:

nharig@wgrcm.com; pryan@wgrcm.com; rgunn@wgrcm.com; blucia@wgrcm.com; sholland@uabmc.edu; hayleypate@uabmc.edu; Pam.Barlow@childrensal.org; pro@uabmc.edu; kristalhock@uabmc.edu

\*Table of Contacts is found under **Financial Information, Forms and Budgets** on [www.uab.edu/peds/pro](http://www.uab.edu/peds/pro).