

Clinical Research Study ZZ Medical Record/Visit Number Creation Request

Study Coordinator Information:

Study Coordinator (Contact) Name:
Study Coordinator Phone Number:
Study Coordinator Pager Number:
Study Coordinator Box Number:
Study Coordinator Fax Number

Principal Investigator Information:

Principal Investigator Name:
Principal Investigator Phone/Pager Number:

Study Information:

Name of Study: ZZ (starts with "ZZ", please limit to an additional 24 characters in length)
Billing Address for Study: Attention: _____
Committee on Human Research (CHR) Approval Number:
Account/Fund Number for Study:
Name of Contact for Billing Questions:
Current Medical Record Number (MRN), if applicable:
Site of Services Provided for Study: <input type="checkbox"/> Parnassus <input type="checkbox"/> Mt. Zion <input type="checkbox"/> Both Sites

Please give appropriate Name, address or Fax Number to return completed Account Request:

Name _____ Address _____
Fax Telephone Number _____ - _____

For Registration use only:

zzMRN
zzVisit Number (Parnassus)
zzVisit Number (Mt. Zion)

Please note: ALL information requested on this form must be completed BEFORE a Medical Record Number or a Visit Number will be created. For more information on these requirements contact Liza Shaprio at 353-7617. Send fully completed form to Liza Shapiro at Box17093 or fax 885-7448.

