

## CHRU RESERVATION REQUEST

Reminder: If this study is a clinical intervention, or if COA's Referred Testing is used for a blood draw, or if there is a COA clinical billable, then this study must live in Epic.

Requested Date (if multiple, list below): \_\_\_\_\_

PI Name: \_\_\_\_\_

Study (Short) Title: \_\_\_\_\_

Research Participant Identifier (no names or MRN): \_\_\_\_\_

Requested CHRU space(s)

- Triage
- Exam room(s). If more than 1, how many? \_\_\_\_\_
- Small meeting room
- Large conference room
- Lab (centrifuges, -20 freezer)

Start time – End time \_\_\_\_\_

Coordinator name + best phone while in CHRU \_\_\_\_\_

Date Reservation Request Submitted: \_\_\_\_\_

Email the completed form to [Melissa McBrayer](mailto:Melissa McBrayer) and Cc: [Cheryl Perry](mailto:Cheryl Perry) for backup.

Additional visit information: