Children's of Alabama

# 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 entitites**

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; mmccarty@uabmc.edu; lgilley@uabmc.edu; hayleepate@uabmc.edu; Pam.Barlow@childrensal.org; pro@uabmc.edu; kristalhock@uabmc.edu

*Table of Contacts is found under F**inancial Information, Forms and Budgets** on www.uab.edu/peds/pro. **v03.04.2023**