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| Request Details: | | | |
| Date Requested: Click or tap to enter a date. | | | |
| OnCore Protocol No.: | **Study Short Title:** | | |
| Principal Investigator: | | **Email:** | **Phone:** |
| Study Team Contact: | | **Email:** | **Phone:** |
| OCR Contact: | | **Email:** | **Phone:** |
| Additional contact email for the Coverage Analysis & Budget Team: [OCR-CAB@ahc.ufl.edu](mailto:OCR-CAB@ahc.ufl.edu) | | | |

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| **Study Funded Labs: *These labs should be listed on the yellow research order form*** | |
| **Protocol Procedure Name** | **Procedure Description** |
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**Additional comments from OCR Coverage Analysis and Budget Team:**

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| **Routine Care Labs: *These labs should not be listed on the yellow research order form*** | | |
| **Protocol Procedure Name** | **CPT Code** | **EAP Code** |
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**Additional special instructions from Laboratory contact(s):**

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