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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 |

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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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