

MCRU Protocol Initiation Meeting Roadmap

MCRU Initiation Meeting Date: _____ MCRU Facilitator: _____
MCRU Protocol /HUM#: _____ Sponsor Protocol Number: _____
Principal Investigator: _____ Study Coordinator: _____
CSTU: _____ CSTU Contact: _____
Protocol Title: _____

Contact Information:

Study Team’s contact list received
MCRU contact list sent

Type of Study:

Investigator Initiated
Industry Initiated

Locations Utilized (select all that apply):

CVC
Domino’s Farms
Taubman Infusion Center
MCRU2U Community Engagement

MCRU2U _____

MCRU Service Types (select all that apply):

All inclusive
Clinical service (clinic & space)
Space only
Lab processing only
Meals needed (for visits lasting 4+ hours)

Protocol Specific Information:

Participant population: Adult Pediatric Older Adult (65+)
Number of subjects: _____ Date of first participant: _____
Number of visits per subject: _____ Projected end date: _____

Study Team Roles:

Scanning & uploading consent: _____ On-call coverage:
Contact for billing: _____ PI Co-I Other: _____
Scheduling: _____ Clinical Phenotyping:
Signing MiChart orders: PI / Co-I MCRU N/A
PI Co-I Other: _____

Scheduling & Billing:

Visit type: Outpatient After Hours Length of visit: _____
MCRU2U
Billing Calendar in e-Research Billing Calendar Exempt
Funded by: _____
HMRN Account #: _____ Short Code: _____

Investigational Agents at MCRU:

N/A
Will the agent be administered at MCRU (if no, please proceed to next section)? Yes No
Medication Order: Paper Order(s) MiChart Order(s) Both Paper & MiChart Order(s)
Orders available for review: Yes No Revisions needed: Yes No
Can participant take their own medication at MCRU visit? Yes No N/A
Hypersensitivity / Allergic Reaction / Anaphylaxis algorithm: _____
UMHS Emergency Management Protocol: _____

Clinical:

Fasting: Yes No
Pathology labs: SOC Labs Protocol Specific
Protocol specific equipment: Yes: _____ No
Equipment training required? Yes No or N/A
Can the IV team be called if needed?: Yes No

MCRU Protocol Initiation Meeting Roadmap

Clinical Research Services Requested (select all that apply):

Investigational Drug	Other
Intravenous infusion	Colonoscopy
Intravenous injection	Liver biopsy
Oral Medications	MMT
Subcutaneous injection	Skin biopsy
Other / Comments _____	

Ancillary Research Support Services Requested (select all that apply):

Bloods	POR Testing (Blood glucose, urine pregnancy, urine)
EKG	Sigmoidoscopy
Exercise	Vitals / Height & Weight
OGTT	
Other / Comments _____	

MCRU Lab:

	Yes	No
Special specimen handling considerations:	Yes	No
Please note: _____		

Administrative Issues:

Will the study require after-hours access?	Yes	No
Clinical orientation needed		
Education agreement signed	Yes	No

Outstanding Issues that must be resolved prior to MCRU scheduling of participants:

*Copy of outstanding issues will be supplied to the study team for their follow-up.
 If you have questions or concerns after the meeting please feel free to contact:*

MCRU-InitiationTeam@med.umich.edu