



**Comments:**

**Nursing Representative for R&D  
Committee**

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**Signature**

**Date**

**Associate Director for Patient Care  
Services (Nurse Executive)**

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**Signature**

**Date**



## Evaluation of STVHCS Resources for Clinical Research

1. Principal Investigator/Program Director: \_\_\_\_\_  

*Last*
*First*
*MI*
*Degree*
2. Project Title: \_\_\_\_\_  
*(Maximum length = 142 characters, including spaces)*
3. Name of Sponsor: \_\_\_\_\_  
 Administered By:  VA  Biomedical Research Foundation of South Texas  UTHSCSA *(Check one)*  
 Other \_\_\_\_\_
4. UTHSCSA IRB Number: \_\_\_\_\_
5. Initial Evaluation Form  Modified Evaluation Form  *(only select one)*
6. Starting Date of Support \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *(mm/dd/yy)* Ending Date of Support: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *(mm/dd/yy)*
7. Number of Subjects:      Total enrolled at STVHCS:      Veterans enrolled at STVHCS:      Non-Veterans enrolled at STVHCS:  

Inpatients:  
Outpatients:

Inpatients:  
Outpatients:
8. BARTTER RESEARCH UNIT (BRU) Being Used:  Yes  No *(Check one)*
9. Procedures Beyond Routine Clinical Care (Additional, Altered Process or Increased Frequency)

### C. Nursing Service

Location		Nurse-Administered Procedure	Number of Patients	Number of Procedures Per Patient	Specify visit(s) that procedure(s) will be conducted	Other Information
Inpatient	Clinic					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

*For Nursing Service use only:*

Nursing Service  CAN  CANNOT provide the resources necessary to effectively and safely conduct the research. Any limitations are attached.

Comments:

Nursing Representative for R&D Committee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Associate Director for Patient Care Services (Nurse Executive)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Evaluation of STVHCS Resources for Clinical Research

1. Principal Investigator/Program Director: \_\_\_\_\_  
*Last First MI Degree*
2. Project Title: \_\_\_\_\_  
*(Maximum length = 142 characters, including spaces)*
3. Name of Sponsor: \_\_\_\_\_  
Administered By:  VA  Biomedical Research Foundation of South Texas  UTHSCSA *(Check one)*  
 Other \_\_\_\_\_
4. UTHSCSA IRB Number: \_\_\_\_\_
5. Initial Evaluation Form  Modified Evaluation Form  *(only select one)*
6. Starting Date of Support \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *(mm/dd/yy)* Ending Date of Support: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *(mm/dd/yy)*
7. Number of Subjects: Total enrolled at STVHCS: \_\_\_\_\_ Veterans enrolled at STVHCS: \_\_\_\_\_ Non-Veterans enrolled at STVHCS: \_\_\_\_\_  
Inpatients: \_\_\_\_\_ Inpatients: \_\_\_\_\_  
Outpatients: \_\_\_\_\_ Outpatients: \_\_\_\_\_
8. BARTTER RESEARCH UNIT (BRU) Being Used:  Yes  No *(Check one)*
9. CTTC Pharmacy Providing Chemotherapeutic Agents:  Yes *(Letter of Understanding, attached)*  No *(Check one)*
10. Request for Pharmacy Support:  Yes  No *(Check one)*



OLD/BEFORE	NEW
<b>CHEM 10</b>	<b>AMA/MEDICARE RENAL FUNCTION PANEL (80069)</b>
GLUCOSE	GLUCOSE
UREAN NITROGEN	UREAN NITROGEN (BUN)
CO2	CO2
CHLORIDE	CHLORIDE
POTASSIUM	POTASSIUM
SODIUM	SODIUM
CREATININE	CREATININE
MAGNESIUM	
PO4 PHOSPHORUS	PHOSPHORUS
CALCIUM	CALCIUM
ALBUMIN	ALBUMIN
PREALBUMIN (REFLEX)	
ANION GAP	
CALCULATED OSMOLALITY	
* HEMOLYSIS	
* ICTERUS	
* LIPEMIA	

\* Notice these are not tests

OLD/ BEFORE	NEW
<b>CHEM 20</b>	<b>AMA/MEDICARE COMPREHENSIVE METABOLIC PANEL(80053)</b>
GLUCOSE	GLUCOSE
UREAN NITROGEN	Urea Nitrogen (BUN)
CO2	CO2 CARBON DIOXIDE
CHLORIDE	CHLORIDE
POTASSIUM	POTASSIUM
SODIUM	SODIUM
SGOT (AST)	Transferase, alanine amino (ALT, SGPT)
LDH	
ALKALINE PHOSPHATASE	ALKALINE PHOSPHATASE
SGPT (ALT)	Transferase, alanine amino (AST, SGOT)
TOT. BILIRUBIN	BILIRUBIN TOTAL
CREATININE	CREATININE
URIC ACID	
CHOLESTEROL	
PO4	
CALCIUM	CALCIUM
ALBUMIN	ALBUMIN
PROTEIN TOTAL	PROTEIN TOTAL
GLOBULIN	
PREALBUMIN (REFLEX)	
ANION GAP	
CALCULATED OSMOLALITY	
* HEMOLYSIS	
* ICTERUS	
* LIPEMIA	

\* Notice these are not tests

OLD/BEFORE	NEW
<b>CHEM 7</b>	<b>AMA/MEDICARE BASIC METABOLIC PANEL (80048)</b>
GLUCOSE	GLUCOSE
UREAN NITROGEN	UREAN NITROGEN (BUN)
CO2	CO2
CHLORIDE	CHLORIDE
POTASSIUM	POTASSIUM
SODIUM	SODIUM
CREATININE	CREATININE
CALCULATED OSMOLALITY	CALCIUM
ANIION GAP	
* HEMOLYSIS	
* ICTERUS	
* LIPEMIA	

\* Notice these are not tests

OLD/BEFORE	NEW
<b>LIVER PANEL</b>	<b>AMA/MEDICARE HEPATIC FUNCTION PANEL (80079)</b>
SGOT (AST)	ALBUMIN
LDH	TOTAL BILIRUBIN
ALKALINE PHOSPHATASE	ALKALINE PHOSPHATASE
SGPT (ALT)	Transferase, alanine amino (ALT, SGPT)
TOTAL BILIRUBIN	Transferase, alanine amino (AST, SGOT)
CREATININE	PROTEIN TOTAL
URIC ACID	DIRECT BILIRUBIN
CHOLESTEROL	PREALBUMIN (REFLEX)
PO4	
CALCIUM	
ALBUMIN	
PROTEIN, TOTAL	
A/G RATIO	
GLOBULIN	
PREALBUMIM (REFLEX)	
* HEMOLYSIS	
* ICTERUS	
* LIPEMIA	
DIRECT BILIRUBIN	

\* Notice these are not tests



## Evaluation of STVHCS Resources for Clinical Research

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*Last*
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7. Number of Subjects:
 

Total enrolled at STVHCS:	Veterans enrolled at STVHCS:	Non-Veterans enrolled at STVHCS:
	Inpatients:	Inpatients:
	Outpatients:	Outpatients:
8. BARTTER RESEARCH UNIT (BRU) Being Used:  Yes  No *(Check one)*
9. Procedures Beyond Routine Clinical Care (Additional, Altered Process or Increased Frequency)

**F. Radiology Service**

Number of Patients	Number of Procedures Per Patient	Procedure DESCRIBE	Specify visit(s) that procedure(s) will be conducted	Other Information

*For Radiology use only:*

Radiology Service  CAN  CANNOT provide the resources necessary to effectively and safely conduct the research. Any limitations are attached.

Chief, Radiology Service

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date