Evaluation of STVHCS Resources for Clinical Research: BRU

(Only outpatient studies)

1. **Principal Investigator/Program Director:** _____
   Last *First* *MI* *Degree*

2. **Project Title:** _____
   (Maximum length = 142 characters, including spaces)

3. **Funded by:** _____
   Administered By: ☐ VA ☐ Foundation for Advancing Veterans' Health Research ☐ UTHSCSA *(Check one)*
   ☐ Other _____

4. **UTHSCSA IRB Number:** _____

5. **Initial Evaluation Form** ☐ **Modified Evaluation Form** ☐ **(Select one)**

6. **Starting Date of Support** _____ *(mm/dd/yy)* **Ending Date of Support:** _____ *(mm/dd/yy)*

7. **Number of Subjects:** **Total enrolled and studied at BRU:** **Veterans enrolled and studied at BRU:** **Non-Veterans enrolled and studied at BRU:**

8. **BARTTER RESEARCH UNIT (BRU)**

Specify visit (i.e. Day 1, Week 1)*									
Estimated time spent on BRU per visit (hour)									
Purpose of visit (screening, treatment, etc.)									

*If additional visits are required, please list on a separate sheet.

Number of Patients	Number of Procedures Per Patient	Procedure DESCRIBE (Room, Nursing, Pharmacy, Lab processing, DXA, Dietitian)	Specify visit(s) that procedure(s) will be conducted	Other Information (CPT Code Required)

For BRU Personnel use only:

BARTTER RESEARCH UNIT ☐ CAN ☐ CANNOT provide the resources necessary to effectively and safely conduct the research. Any limitations are attached.

BRU Nurse Manager _____
Signature **Date**

BRU Medical Director _____
Signature **Date**

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