**\*\*Please follow the instructions/tips below\*\***

1. Make sure you order **RESEARCH** Echo orders.
2. Check with Cameron Slorach for scheduling availability when placing your ECHO order. Use the attached TIP SHEET to pend Echo orders.
3. Coordinators are responsible for **registering** their study participants ahead of time, prior to the Echo visit. The 4B front desk (or other registration desks) can also register your participants however if registration is not done correctly, it will cause billing issues. When the participant comes in, please instruct them to **sign in** at the 4B front desk otherwise the Echo exam will not be performed.
4. **Please complete your billing review frequently!**
5. Note: When an EPIC order is placed, the EPIC system will automatically create an outpatient visit to accompany the order. During billing review you will see the code “**HC1000**” with the description of “**OUTPATIENT VISIT**”. You must move this in the “**Study related charges**” bucket (don’t worry your study cost center won’t be charged) as it accompanies the Echo order. Make sure the dates on the “Echo Visit” and the “Outpatient Visit” match!
6. Please complete this form every time you have a new REB.
7. For any questions related to costs and billing, please contact Bianca Perro at ext. 228623.

***TO BE COMPLETED BY THE STUDY COORDINATOR/PI:***

***STUDY INFORMATION:***

1. **Full project title as it appears in EPIC:** [Type text]
2. **Short/abbreviated title:** [Type text]
3. **REB #:** [Type text]
4. **Principal Investigator:**

Name:[Type text]

Clinical division:[Type text]

1. **Study Coordinator/Primary Research Contact:**

Name: [Type text]

Email: [Type text]

Telephone: [Type text]

1. **Type of study (check all that apply):**

Retrospective

Prospective

1. **Regulatory bodies:**

SickKids REB

SickKids REB + Health Canada/FDA

Other, specify: [Type text]

1. **List in point form the aims/objectives of your study:**

[Type text]

1. **List in point form the aims/objectives of the echo/vascular component of your study:**

[Type text]

1. **Duration of study (YYYY-MM-DD):**

Anticipated Study Start Date: [Type text]

Anticipated Study Completion Date: [Type text]

1. **Study Population:**

Total number of participants anticipated to be scanned: [Type text]

Age range: [Type text]

Number of scans per participant: [Type text]

***FUNDING:***

1. **Project Funding:**

Is this study funded?

Yes

No

If “No”, skip questions 13 and 15.

If “Yes”, skip question 14.

1. **Funding Source:**

Industry

Granting agency

Consortium

Mixed industry + academic

SickKids PI

Other, specify: [Type text]

1. **If your study is not funded, please indicate the Project ID number/Cost Centre that is linked to the study in EPIC. EPIC will charge the Project ID/Cost Centre, however it will be reimbursed back at the end of the month.**

Project ID Number/Cost Centre: [Type text]

1. **If your study is funded, note that charges are dropped after the scans are completed and the coordinator completes “Billing Review” in EPIC. Any reconciliation is done monthly on a case basis.**

Project ID Number/Cost Centre: [Type text]

***ECHO SERVICES:***

1. **Indicate the services that are requested (check all that apply):**

2DFunctional Echo

Image acquisition

Image analysis

Exercise Echo

Image acquisition

Image analysis

Fetal Functional Echo

Image acquisition

Image analysis

Vascular

Image acquisition

Image analysis

For Vascular scans, indicate what kind of scan you require:

Carotid Ultrasound – CIMT

Brachial Ultrasound – FMD

Echocardiography - BPA

SphygmoCor – PWA/PWV

EndoPAT

1. **Booking arrangements (check all that apply):**

During routine echo visit

During routine non-echo visit

Research only visit

Regular hours

After hours

*PI’s signature is confirmation that information above is accurate.*



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***TO BE COMPLETED BY THE RESEARCH ECHO SERVICE PROVIDER:***

Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned cardiologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment type:

Phillips

GE

Estimated cost per participant study visit (includes scan time, analysis, reporting, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date