Screening Checklist

***Tasks Prior to Visit Day:***

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK:** | **LOCATION:** | **Yes** | **No** |
| Schedule all procedures necessary for screening day | EPIC/Study Protocol |  ⧠ |  ⧠ |
| Order procedures including blood draw/attach orders to visits : Is there EKG? Is there Chest Xray? Are there local labs to order? | EPIC |   ⧠ |   ⧠ |
| Print copy of ICF (including any substudy ICF’s) | eIRB |   ⧠ |   ⧠ |
| Print off Medical Records Release Form/HIV testing Form (if not included in body of main consent) | G:Drive: Ochsner Forms |   ⧠ |   ⧠ |
| Source Document Printed | G:Drive: Study Folder |   ⧠ |   ⧠ |
| Print Patient Questionnaires that are paper-If you have a tablet be sure it is charged and functional | G:Drive: Study FolderCheck Protocol |   ⧠ |   ⧠ |
| Print/Fill out con meds sheet | G:Drive: Study FolderEPIC |   ⧠ |   ⧠ |
| Review Medical History | EPIC |   ⧠ |   ⧠ |
| Pull Visit Lab KitDo you need Dry Ice? If yes plan for this | Storage Room |   ⧠ |   ⧠ |
| Review Lab Manual/Requisition/Protocol | Lab Manual/Study Folder |   ⧠ |   ⧠ |
| Separate tubes that will need to be drawn and stick in plastic bag for easy access |  |   ⧠ |   ⧠ |
| Check access to Epro pad |  |   ⧠ |   ⧠ |
| Check access to IWRS System for Screening number(not to be entered in IWRS prior to consent) |  |   ⧠ |   ⧠ |
| Get Clinicard/Make Copy for chart | Research Office |   ⧠ |   ⧠ |
| Print Clincard Instructions for patient | G:Drive |   ⧠ |   ⧠ |