Screening Checklist

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

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| --- | --- | --- | --- |
| **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 Folder  Check Protocol | ⧠ | ⧠ |
| Print/Fill out con meds sheet | G:Drive: Study Folder  EPIC | ⧠ | ⧠ |
| Review Medical History | EPIC | ⧠ | ⧠ |
| Pull Visit Lab Kit  Do 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 | ⧠ | ⧠ |