

Guidelines for Completing Exhibit A

OU MEDICAL CENTER Summary of Resources Required for Research Study

- A. **1. IRB # / Project Short Title:** List the IRB number assigned by OUHSC IRB. If applicable, list the project short title. This is often an acronym of the full study name.
- A. **2. Principal Investigator:** List the principal investigator's full name and mailing address.
- A. **3. Co-Principal Investigator:** List co-principal investigator names if applicable.
- A. **4. Research Coord. / Phone:** List the contact for any billing related questions.
- A. **5. Billing Contact / Phone:** List the contact for any billing related questions.
- B. **OU Medical Center Location** – Check the appropriate box. This is helpful when contacting directors regarding upcoming studies.
- C. **Patient Setting** – Check the appropriate box(es). This information is often necessary for determining the appropriate charges and is also helpful information for Admitting.
- D. **Research Staff** - List names of research staff that will be associated with the study. This information is shared with the OUMC Credentialing Office.
- E. **Funding Source** – Many times, studies are referred to by the sponsor name, such as the Merck study. This is helpful when trying to track down the status of a specific study.
- F. **Pharmacy Resources** – Check the appropriate box.
- G. **IRB Approval Date** – List the date the study was approved by OUHSC IRB.

Guidelines for Completing Exhibit B

OU MEDICAL CENTER Agreement to Purchase Resources for Research Study

1. **IRB #:** List the IRB number assigned by OUHSC IRB.
2. **IPLAN:** If your study will utilize OUMC resources **other than** pharmacy or medical records, please indicate an identifier name (IPLAN) for your study. The name is preceded by the characters ST. and can be a **maximum of 7 additional characters long**. Alpha or numeric characters are acceptable. If your study only utilizes lab resources, 5 (rather than 7) additional characters are preferred. IPLANs must be unique and are used for billing purposes. If you select an IPLAN that is already in use, you will be notified and asked to select a different IPLAN.
3. **Study Name** - List the full name of the research protocol or grant.
4. **Start Date** - List the projected start date.
5. **End Date** - List the projected end date.
6. **Charge Code** – If the charge code is known, please list. If the charge code is unknown, please list the CPT code if known. If no OUMC resources are required, please list **“No OUMC resources beyond standard protocol are required for this study”**. Only OUMC charges are listed on Exhibit B. OUHSC charges such as EKG interpretation, bone density and services provided by the Breast Institute are not listed on the exhibit.
7. **Description** – List the description of the requested service. If the information in 6 above is unknown, please be as specific as possible. This will help to insure that the appropriate charge codes are identified and that the study and patient are billed appropriately.
8. **Estimated Billing Rate** – If this information is available, please complete. This information will be verified or completed after submission to Pam Yarbrough in Administration.
9. **Estimated per pt volume** – List the estimated number of times the service is expected to be provided.
10. **Estimated number of participants** – List the estimated number of study participants. This number is usually included in the study protocol. If the study involves specimens rather than participants, then list the number of estimated specimens.
11. **Fee schedule** – The current fee schedule is a Net Lab Rate for lab charges accompanied by an appropriate lab requisition form; 15% discount for Room & Board Charges; 50% discount for all other charges. Inpatient and outpatient charges are often different for the same procedure code. Charges can be added at a later. Please email Pam Yarbrough if additional charges need to be added to an Exhibit B that has already been processed.
12. **Personnel** – List job title and hours requested, if a specific OUMC employee(s) is required to provide services that are both above and beyond standard protocol and are not included in the specific charges under 6 above. The hourly salary will be completed after submission to OU Medical Center.
13. **Signatures** – The PI’s signature may be obtained prior to submission to OU Medical Center **or** after OU Medical Center signatures have been obtained. The Office of Research Administration Director is the last signature that is obtained on Exhibit B.

