

# Research Maintenance Form

Please fill out all information for the record that you need changes to be made to.

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## Study Information

This entire section needs to be filled out

IRB Approval #: \_\_\_\_\_

(Format must be RSRB000\_-----)

Department:

- AIR
- Anesthesiology
- Cancer Center
- Cardiology
- Dermatology
- Family Medicine
- Gastroenterology
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- OBGYN
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Pathology
- Pediatrics
- Psychiatry
- Pulmonary
- Radiation Oncology
- Surgery
- Urology

Epic Study Code: \_\_\_\_\_

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## Users and Providers

### **Original PI**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### **New PI**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Original Study Coordinator (SC)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**New Study Coordinator (SC)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Original Alternate Study Coordinator (ASC)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**New Alternate Study Coordinator (ASC)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Original Billing Contact (BC)**

This person will be responsible for processing journal entries for study specific charges for sponsor costs.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

**New Billing Contact (BC)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

**Original Billing Plan Expert (BPE)**

This person will be responsible for charge review in place of the Study Coordinator (SC) or Alternative Study Coordinator (ASC) if need be.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**New Billing Plan Expert (BPE)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Original Administrator**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Administrator**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please email the completed form to [RCO@ur.rochester.edu](mailto:RCO@ur.rochester.edu)