

Request Form: WISER/Oncore Amendment or Form(s) Addition to Calendar

Name of Requester:

Department:

Date of Request:

Section I.

Oncore Protocol No.:

IRB No.:

PI:

Section II.

Service Requested:

Billing Grid/Calendar/Contract/ClinCard/Budget Amendment (Go to Section III.)

Forms added to Calendar (skip Section III. and go to Section IV.)

Section III.

1. Does your amendment affect any of the following:

Visit Schedule/Calendar

Coverage Analysis

Contract

Protocol

Informed Consent Form(s)

Budget

ClinCard

2. If you checked the box for any of the following, then your amendment must be submitted in eIRB for an amendment:

Protocol

Informed Consent

3. Please specify the changes/updates required to the billing grid/calendar and/or budget [Proceed to item 5 upon completion]:

5. Please state why the changes/updates are required:

CPT codes are missing from the billing grid

Procedure(s) occurrences need to be added to the billing grid/calendar

The sponsor has updated reimbursement rates for the study

Procedure(s) need to be removed from the billing grid

Other:

[If you are ONLY submitting this form for an amendment, then STOP]

****Please email the completed form to OCR@wakehealth.edu**

[If you are submitting this form for an amendment AND to request forms be added to the WISER calendar, then please proceed to section IV.]

Section IV.

Type of WISER Form Request:

Initial Request

Follow-Up Request

Please provide the name of the forms you would like added and the procedure the form should be added to below:

Name of the Form: Procedure:

Comments:

***The reason we are requesting the procedure name and not the visit is because the form will be available at the visit that the procedure is marked as occurring in the WISER/Oncore calendar.**

Please email the completed form to OCR@wakehealth.edu