

## **Request Form: WISER Amendment or Form(s) Addition to Calendar**

**Name of Requester:**

**Department:**

**Date of Request:**

### **Section I.**

**WISER Protocol No.:**

**IRB No.:**

**PI:**

### **Section II.**

**Service Requested:**

**Billing Grid/Calendar/Contract/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**

- 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](mailto: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. - Applicable only for studies utilizing Forms**

**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 calendar.**

**Please email the completed form to [OCR@wakehealth.edu](mailto:OCR@wakehealth.edu)**