



## **GCRU Scheduling & Billing Worksheet**

**Implementation Date**

**Number of Subjects**

**Number of Visits**

**Title**

**PI**

**IRB/WIRB/HIRB Protocol #**

**Research Coordinator**





|                      |  | FOR GCRU USE ONLY |              |                           |       |
|----------------------|--|-------------------|--------------|---------------------------|-------|
| VISIT<br>NAME/NUMBER | LIST VISIT REQUIREMENTS<br>(i.e., labs, vs, ht, wt, infusion, meals, etc.) | NURSING<br>LEVEL  | LAB<br>LEVEL | REGISTER<br>&<br>SCHEDULE | TOTAL |
|                      |  |                   |              |                           |       |
|                      |  |                   |              |                           |       |
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