The Mount Sinai Hospital
Clinical Research Unit

GENERIC FLOWSHEET

GCO#___________

DATE: __________ TIME:_________ *ALLERGIES:__________________________

☐ Arrive at CRU for ___________________

☐ Valid Consent & HIPAA form in Chart

☐ H & P completed by ________________

☐ Vital Signs: B/P_______ HR_______ R_______ T_______

Ht _____in _____cm; Wt _____lbs _____kg

☐ EKG done

☐ Urine specimens done (please circle) U/A U-tox. Other_______

☐ Urine pregnancy test (please circle) positive negative SG: _______ (follow MSH policy if SG < 1.005)

☐ After cleansing with alcohol, blood specimens drawn with _____gauge butterfly/angiocatheter via _______ vein with/without difficulty. (List IV Fluid if applicable)

☐ The following specimens were drawn:

☐ Specimens processed, aliquotted, and placed in

_____picked up by coordinator (total # of tubes_____) 

_____refrigerator (total # of tubes_____) 

_____ -20°C freezer (total # of tubes_____) 

_____ -80°C freezer (total # of tubes_____) 

☐ D/C subject/patient home in no acute distress @ TIME:_______

CRU staff signature: _____________________________ Title: __________

* Allergies must be noted