

Epic Translational Research Committee

Epic Feasibility Form

This form is used to determine the feasibility of using Epic as a tool for clinical trial recruitment. After initial review, an Epic representative will contact you for next steps and may request more details.

Date:	_			
Requestor:	Requestor's 1	Requestor's Title:		
Department:				
Requestor's Phone #:	Requestor's I	Requestor's E-mail:		
Principal Investigator:				
Study Title:				
Study Type: □ Drug or Device □ Ancillary or Correlative	□ Other Interv	ventions □ Epi	idemiologic or Observa	tional
Trial Type: ☐ Ancillary ☐ Correlative ☐ Outcome ☐ Prevention	_	•	•	□ Observational
GCO #:	<u>.</u>			
RB approved: □ Yes □ No) Recruitment:	□ Yes □ No		
f yes, Approval Start/End Date	es:			
What Fund # will this project b	e assigned to?			
What are the Study Start and E	Expiration Dates	5?		
Start Date				
Expiration Date	e			



Epic Translational Research Committee Epic Feasibility Form

1.	How do you want Epic to assess your recruitment? (Please check one)
	 I would like providers to directly discuss the study with patients to determine a potential research subject's interest (i.e., an alert in Epic to MD). I would like a report of patients who meet the eligibility checklist criteria to be sent to a study investigator (i.e., a report for the coordinator to contact the subject directly). Both
2.	How will this recruitment improve enrollment in your study?
	The same and the same and provide an amount in your same,
3.	Please describe the Inclusion Criteria or attach Eligibility Checklist in bullet format. Please also include any ICD-9 codes, CPT codes, medications, Epic procedures, and Lab IDs related to the study.
4.	Please describe the Exclusion Criteria or attach Exclusion Checklist in bullet format. Please also include any ICD-9 codes, CPT codes, medications, Epic procedures, and Lab IDs that should be excluded from the study.
	the study.

Page 2 of 4 Version Date: March 8, 2016



Epic Translational Research Committee Epic Feasibility Form

5.	What is the care setting/department in which you expect to recruit? (e.g., outpatient, inpatient, ED, multiple, or outside Mount Sinai Hospital)
6.	Who is the target of the alert? (e.g., providers, nurses, etc.)
7.	Describe how the alert will fit in with your research workflow. (e.g., what does the study coordinator do with the alert once it is received? How will you reconcile alerts, reports, and phone calls?)
8.	What is the total number of subjects to be enrolled at Mount Sinai?
9.	How long should the alert run?
	a. What is the proposed start date?
10	. Is there a current process to recruit patients? If so, please outline the process.



Epic Translational Research Committee Epic Feasibility Form

FOR EPIC TEAM USE ONLY				
RECEIVED BY/ON:/		REVIEWED BY/ON:/	FORWARDED TO/ON:/	
FILENAMES:				
COMPLETED BY/DATE:	1	DATE SENT TO REQUESTOR:		

Page 4 of 4 Version Date: March 8, 2016