



Icahn School of Medicine at Mount Sinai
Clinical Research Unit

Request for Admission

GCO# _____

PROTOCOL TITLE _____

Name(s) of Investigator(s): Dept. Office# Home# Beeper#
1. (PI)
2.
3.

What is the 24/7 contact number in addition to above: _____

Research assistant to be contacted for non-medical issues: _____ ext _____ beeper _____
please circle the number before the name of the attending physician

Name of patient (Last, First, M.I.) _____ Sex (circle): M / F

Birth Date: _____ Birthplace: _____ Marital Status: _____ Religion: _____

Race (select all that apply from the 6 items below):

- American Indian/Alaska Native
Asian
Native Hawaiian or Other Pacific Islander
Black
White
More than one Race

Ethnicity (select one from the 3 items below)

- Hispanic
Non- Hispanic
Unknown

Patient's Street Address: _____

Tel. #: _____

Next of Kin: (name) _____ Relationship: _____

Address: _____ Tel. #: _____

In Case of Emergency Contact: _____ Relationship: _____

Address: _____ Tel. #: _____

Date of Admission: ____ / ____ / ____ Estimated Length of Stay: ____ Days, or ____ Hours

Admission Type (circle): Inpatient/Scatter-Bed/Off-Site/Outpatient Time of Admission: _____ am _____ pm

Prior Registration at Mount Sinai? (circle): No / Yes, Unit # _____

Admitting Diagnosis: _____

Justification For Admission Under This Study: _____

Activity Level: [] Normal ambulatory [] Ambulates with assistance
[] Assistance transferring bed to chair [] Complete assistance

Dietary: [] Regular Diet [] mg Sodium Diet _____ [] Diabetic, (Calories _____) [] Kosher
[] Low Cholesterol [] Low MAO Diet [] 1,000 Cal. [] Other _____

I have determined that this patient/subject is a suitable candidate for this research protocol. I estimate the proportion of the admission that will be:

(a) research _____% (b) routine care _____%

Signature of Investigator

Date

The final determination for evaluating what fraction of the admission was for research or routine patient care is made by the Program Direction Staff at the time of discharge.

Request Approved, GCRC

Date