



# 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 Title: \_\_\_\_\_

Department: \_\_\_\_\_

Requestor's Phone #: \_\_\_\_\_ Requestor's E-mail: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Study Title:

**Study Type:**

- Drug or Device                       Other Interventions                       Epidemiologic or Observational
- Ancillary or Correlative

**Trial Type:**

- Ancillary     Correlative     Diagnostic     Early Detection     Epidemiologic     Observational
- Outcome     Prevention     Screening     Supportive Care     Therapeutic

GCO #: \_\_\_\_\_

IRB approved:  Yes  No

IRB approved for EMR (Epic) Recruitment:  Yes  No

If yes, Approval Start/End Dates: \_\_\_\_\_

What Fund # will this project be assigned to? \_\_\_\_\_ – \_\_\_\_\_

What are the Study Start and Expiration Dates?

Start Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

**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?**

**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.**





Mount  
Sinai

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FOR EPIC TEAM USE ONLY

RECEIVED BY/ON: \_\_\_\_\_ / \_\_\_\_\_      REVIEWED BY/ON: \_\_\_\_\_ / \_\_\_\_\_      FORWARDED TO/ON: \_\_\_\_\_ / \_\_\_\_\_

FILENAMES: \_\_\_\_\_

COMPLETED BY/DATE: \_\_\_\_\_ / \_\_\_\_\_      DATE SENT TO REQUESTOR: \_\_\_\_\_