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| **PROTOCOL INFORMATION**  **SPID# Visit#**  **Study Fund #:**  **Admit to TCRC:** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ **Outpatient** □ **Inpatient****Diagnosis:** **Study Title:**  **Appts / Tests:** **Consent in chart – verify expiration date**  □ **ID Band on & checked** □ |

**Code Status / Allergies / Prior to Admission Medications:**  **in EPIC**

**Diet:**

**Activity:**

**Discharge:**

**Labeling/Processing:** see Processing Instructions. MD/NP signaturenot required for Processing Instructions.

**Visit Specific Orders:**

1. **URINE HCG: □ YES □NO**

**Visit Specific Flow sheet**

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| **Role** | **Procedure** | **Timepoint** | **Time Done** | **Comments** |
| **RN/RD** | Check Visit Specific Order to verify if UrHCG needs to be done for this visit |  |  | If doing UrHCG, order and document in EPICas per current routine  |
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| **Tube: Indicate specimen type (urine/ blood/ CSF..), tube color, size and amount** | **Test:**  | **Processing instructions:** | **Special instructions:** | **Storage/Send To:** |
|  | Name of test:Code of test: | Clot: Spin: Aliquot: Temp:  | Label each tube and aliquot with: Name, MRN, Date, SPID#, V#, Tube, Test, Time point |  |
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