UPMC_1_H_1C_Tag

*OSPARS Use Only*

DEPT ID/IRB#: Enter # Here OSPARS Identifier: Enter # Here

Qualifying Clinical Trial: Yes or No Reasons: Choose Reason

Healthy Controls: Yes or No

IND: Yes or No

Device: Yes or No

Accounts Issued:

FIA – Yes or No

Plan Code - Yes or No

Administrative FIA - Yes or No

PIA-- Yes or No

Office of Sponsored Programs and Research Support (OSPARS)

U.S. Steel Tower

600 Grant Street – Mail Stop: UST 01-58-01

Pittsburgh, PA 15219

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E-mail: [OSPARS@upmc.edu](mailto:OSPARS@upmc.edu)

[OSPARS SharePoint](https://spis.upmc.com/corporate/Finance/ospars/clinicaltrials/default.aspx)

Research Fiscal Review and Institutional Account Request Form

|  |  |
| --- | --- |
| **SECTION 1 - Study Information** | |
| * 1. Study Title: Click here to enter title. | |
| * 1. Principal Investigator: Last Name, First Name | * 1. Sponsor Name: Click here to enter name. |
| * 1. Host Department: Click here to enter host department. | * 1. Protocol # Assigned by Funding Agency/Sponsor: Enter # Here |
| * 1. Person Completing Form: Click here to enter name/phone/e-mail | * 1. Protocol Version: Click here to enter version. Protocol Date: Click here to enter a date. |
| * 1. Patient Type: Choose Type | * 1. clinicaltrials.gov # Enter # Here |

|  |  |
| --- | --- |
| **SECTION 2 –Pricing/Institutional Account Request Information** | |
| 1. Budget Contact Person: Click here to enter name/phone/e-mail | 1. Address for Billing: Enter complete address including building, room or suite #., street address, city, state, zip code |
| 1. Name of Account (limit to 25 letters; **NO NUMBERS**): Click here to enter name. | 1. Type of Account Needed: Choose an item. |
| 1. Type of Services: Choose an item. | 1. Number of expected subjects: Enter # Here |
| 1. Payment will be made by: Choose an item. | 1. Research funds located: Choose an item. |
| 1. Type of Research: Choose an item. |  |
| 1. Division Chief or Department Chair Name, email address and phone number: | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3 - UPMC SITES where medical services and procedures will be performed** (Use as a reference - list number(s) in Column E of Section 4 and/or Column B of Section 6) | | | | | | |
| **UPMC HOSPITALS** | | | **UPMC CANCER CENTERS** | | **CTRC** | **Community Provider Services** |
| 1. Bedford Memorial 2. Children’s Hospital of Pittsburgh 3. Eye and Ear Institute 4. Horizon 5. Magee-Womens Hospital 6. McKeesport 7. Mercy (incl. Southside) \*MERCY ERD APPROVAL REQUIRED 8. Northwest 9. Passavant/Passavant-Cranberry 10. Presbyterian/Shadyside (includes Montefiore) | 11) St. Margaret  12) Western Psych (WPIC)  13) Hamot  14) UPMC East | | 15) Hillman @ SHY (2nd & 3rd Floors)  16) Jefferson  17) Drake Rd. (Upper St. Clair)  18) Passavant  19) Uniontown  20) Arnold Palmer @ Oakbrook  21) Arnold Palmer @ Mt. Pleasant  22) Arnold Palmer @ Mountain View  23) McKeesport  24) Mercy \*MERCY ERD APPROVAL REQUIRED  25) Johnstown (Murtha)  26) Indiana | 27) Beaver  28) Wexford  29) Steubenville  30) New Castle  31) St. Margaret  32) Washington  33) Windber  34) Magee | 35) Children’s  36) Dental  37) Magee  38) Montefiore  39) Pediatric PittNet  40) Physical Therapy  41) Vascular  42) WPIC  43) UPCI | 44) Outpatient CRS Locations  45) UPMC Owned Skilled Nursing facilities  46) UPMC Home Health Providers  47) UPMC owned Hospice facilities or providers  48) Other Specify: |
|  | |  |  |  |  |

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| **SECTION 4 – Schedule of events** | | | | | | | | | | |
| A)  Q Modifiers (Q0/Q1)-  **See FRIAR Instructions** | B)  Line # | C)  Description of Services to be provided  **(Use same terminology as protocol)** | D)  CPT Code  **For all billable activities** | E) UPMC Site(s) | F) Services Provided in a CTRC | G) Routine Care | H)  Visit Time Point  **(Use same nomenclature as your protocol schedule of events - PSOE)** | I) Payment Method  i) Research Sponsor ii) Insurance or  or Dept Funds Subject    **(Must be Routine**  **Care)** | | J) Comments  **If you have selected CC or UA as payment, specify**   * **who will obtain the sample/do the test** * **who provides supplies or owns equipment** * **who performs the test or reads results** |
| Choose an item. | 1 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 2 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 3 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 4 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 5 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 6 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 7 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 8 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 9 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 10 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 11 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 12 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 13 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 14 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 15 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |
| Choose an item. | 16 |  |  |  | Yes or No | Yes or No |  | FIA PIA UA CC |  |  |

Section 5 is an embedded MS Excel spreadsheet. Double click on it to open. Add all items from Section 4 that are being paid using FIA and/or PIA. Complete Columns A-D. If you know CDM codes, you may include them in Column E. This section can be used for pricing requests (refer to Section 2, above).

