



## Research Registration

Richland and Baptist Patients, FAX to Pre-Registration, FAX: 296-2248  
If you have any questions please call Beth Gibson 296-5393 or 296-5160

### Study Coordinator Contact Info:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Study Information:

IRB #:  
Principal Investigator:  
Date of Test:  
Campus:

### Patient Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Emp Address: \_\_\_\_\_ Emp Phone: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Emp Address: \_\_\_\_\_ Emp Phone: \_\_\_\_\_

### Insurance:

Register Insurance as **Research Administration** for study visit only