



Pediatric Education Research Lunch Series (PEARLS)

Ancillary Services in Clinical Research

December 13, 2019

Services Available at Emory

- Courier from CAP to HSRB
- ECC-RU
- PEARLS
- Sponsored Accounts
- CCTR Co-Directors



Specimen Courier from CAP to HSRB

- Three hour weekday service from CAP to HSRB (non-urgent samples)
- Log samples that are left at CAP
- Online forms of documentation

Date	Time	Name	Sample Location (circle)
			Refrigerator or Freezer
			Refrigerator or Freezer
			Refrigerator or Freezer
			Refrigerator or Freezer
			Refrigerator or Freezer
			Refrigerator or Freezer
			Refrigerator or Freezer
			Refrigerator or Freezer
			Refrigerator or Freezer

-----To Be Filled Out By Courier Connection ONLY-----

Sample Pickup	
Date	
Time	
Courier Initials	

Sample Drop-off	
Date	
Time	
Courier Initials	



Children's Clinical and Translational Discovery Core



The Children's Clinical and Translational Discovery Core offers laboratory and technical assistance to investigators conducting basic science, epidemiologic, translational, and clinical research. Our mission is to support and compliment the research efforts of investigators by providing laboratory research services, technical assistance, and access to biological samples that represent a variety of diagnoses and healthy volunteers.

Biorepository



Access to a variety of human biological specimens from both healthy control participants and patients with a variety of diagnoses.

- *Emory University IRB approved Protocol, Consent, and Assent*
- *Biospecimen Collection Services*



Clinical Trials Support

Clinical sample processing and storage services for their subsequent use in hypothesis-driven clinical research.

- *Study Design Consulting*
- *Sample Collection Kit Building*
- *Biospecimen Processing*
- *Biospecimen Storage*
- *Sample Distribution*



Correlative Biology Studies

Support and advice on the conduct of clinical trials from initial study design and planning through the implementation and interpretation of molecular assays of drug targets and genomic correlates of disease.



This includes, but is not limited to:

- *Biological Sample Analysis*
- *Cell-Based Assays*
- *Custom Experimental Design*

Key Contacts and Location

- Core Director: Christopher C. Porter, MD
chris.porter@emory.edu
- Laboratory Director: Brad Hanberry, PhD
bradley.hanberry@emory.edu

Emory Health Sciences Research Building
(HSRB)

2nd Floor, Rm E264
www.pedsresearch.org

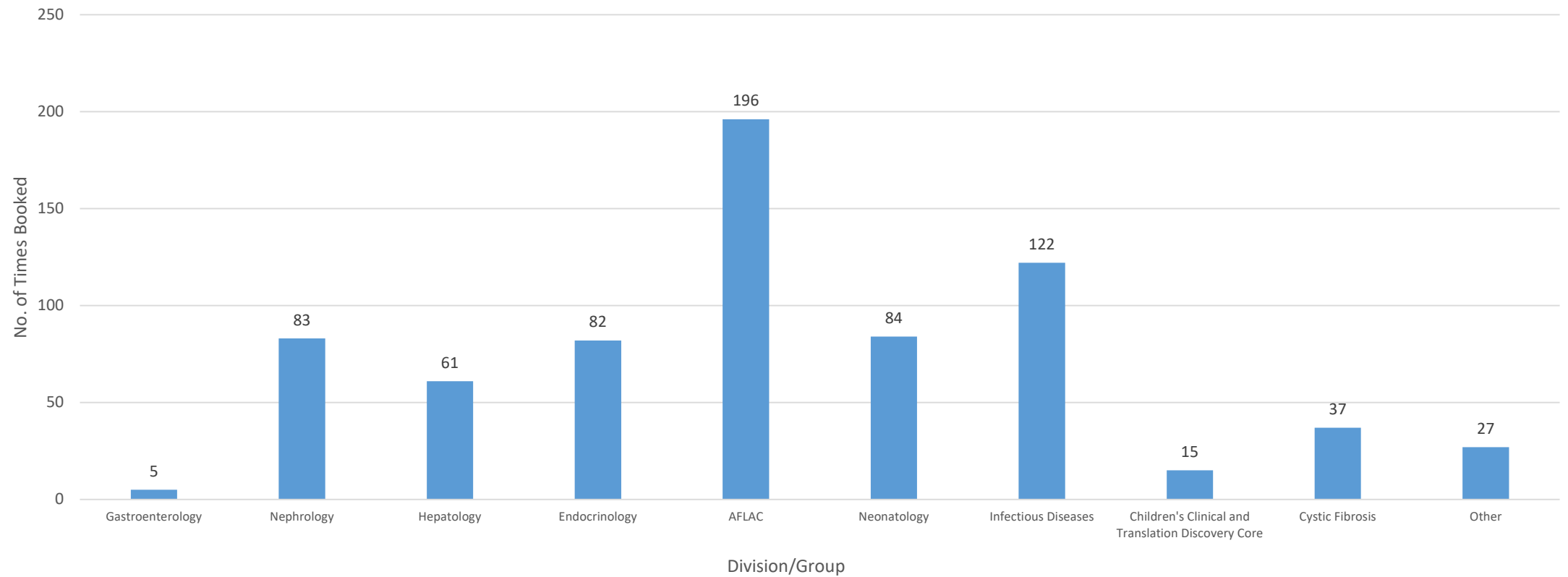
Emory Children's Center – Research Unit (ECC-RU)

- First floor of the Emory Children's Center. Badge access is needed
- Research staff workroom, storage room, phlebotomy chair, two exam rooms, and a consult room
- Basic clinical supplies are supplied, but teams are responsible for providing anything further



ECC-RU Usage

ECC-RU Usage by Division/Group September 2018- August 2019



Emory Children's Center – Research Unit (ECC-RU)

- ***Due to space constraints, study monitors are sometimes in the research unit.
- Use the self-service online scheduling system to request rooms for a research visit
- Part time phlebotomist is available for research studies
 - Do not ask the transplant or infusion teams for assistance with phlebotomy

PEARLS

- Monthly, 2nd Friday of the month at noon with lunch provided
- Remember to RSVP two days prior to the event
- Created specifically for CRCs/CRNs working in Pediatrics a CHOA
- Get involved – help to identify and coordinate speakers



Emory Sponsored Accounts

- For CHOA employees who need access to Emory's systems
- Emory Learning Management System (ELMS)
- Remember your passwords
- Annual renewals



CCTR Co-Directors – October 1, 2019

- **Claudia Morris, MD** - Professor of Pediatrics & Emergency Medicine and Research Director for the Division of Pediatric Emergency Medicine has been involved in clinical and translational research for over 2 decades
- Miriam Vos, MD, MSPH - Professor in the Division of GI, Hepatology and Nutrition and Director of Graduate Studies for the Nutrition & Health Sciences Program in the Laney Graduate School
- PEARLS Presentation in January





Children'sSM
Healthcare of Atlanta

Research in Radiology

Jack Goldberg, MS

Research Coordinator

Department of Radiology



Radiology Services

- Imaging at SR and EG
 - General Diagnostics (also at CAP)
 - MRI
 - CT
 - Ultrasound
 - Nuclear Medicine
 - Interventional Radiology
- Grant Pricing
- Feasibility Forms
- Imaging Transfer

Start-Up Process

- Feasibility Forms – Phantom/Qualification scans
 - Sometimes required by Sponsors
 - Send directly to Jack
- Research Protocol Review Form (RPRF)
 - All studies with a radiology component should have their protocol reviewed by Radiology.
 - This ensures we can accommodate your study and be prepared when your first patient arrives in our department.
 - Submit form to Jack Goldberg
 - Include a final protocol and imaging manuals
 - Find form at Careforce → Departments → Radiology → Radiology Research
- Department Approval Forms (DAF)
 - Contains information for:
 - Initiation Fees
 - Maintenance Fees
 - Technical Fees
 - Professional Fees

Fee Schedule – What It Covers

- **Study Initiation (\$750)**
 - Review protocol
 - Prepare budget
 - Protocol training
 - Feasibility forms
 - Qualification scans
 - Build sequences onto scanners
- **Study Maintenance (\$50/m)**
 - Maintain study materials
 - Phantom and QC scans
 - Data Transfer Forms
 - Transfer of scans to sponsor
 - De-identified disks
 - Reading guidelines for Radiologists

Technical Fees – cost of performing the scan

Professional fees – cost of reading the scan

Department Approval Form (DAF) - Radiology

Initiation Fee	<input type="checkbox"/> Waived <input type="checkbox"/> \$750 one-time charge				
Maintenance Fees	Not Applicable Waived \$50/month when services are used __ patients __ scans each = __ possible months				
Procedure Name	CPT	Egleston Technical Fee	Interpretation Fee	Scottish Rite Technical Fee	Scottish Rite Interpretation Fee

List name and CPT code for each scan or procedures:

Research Protocol Review Form (RPRF)

General		
1	At which CHOA locations will the radiology procedures be performed?	<input type="checkbox"/> EG <input type="checkbox"/> SR <input type="checkbox"/> WB <input type="checkbox"/> TC
2	What is the target enrollment number for the CHOA site?	
3	Provide an age range of your target population.	
4	Is a CHOA Radiologist a co-investigator on this study?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4a	If yes, provide the name(s) of the radiologist(s).	
5	Does the Sponsor supply an Imaging Manual or a document with imaging instructions that exists separate from the protocol? Note: Please confirm with Sponsor. Provide a copy with this completed form. If a manual is supplied AFTER the review, a new review will be required and may change the outcome of the first review.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Does the sponsor require or suggest Radiology complete training specific to your protocol? Note: Please confirm with Sponsor. If yes, please ask Sponsor to email an outline of the training requirements to the radiology coordinator.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Does your Sponsor require any Phantom or QA scans performed at the initiation or during the duration of the study? Note: Please confirm with Sponsor.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Will sedation be used on all or some of the patients enrolled in this study? Note: This includes sedation ordered for research or as clinically indicated.	<input type="checkbox"/> Yes, as clinically indicated <input type="checkbox"/> Yes, IRB approved/pending <input type="checkbox"/> No sedation
9	What modalities will be used during the research study? For each modality marked, complete the corresponding sections below. MRI: MRI, MRA/MRV, Cardiac MRI Nuclear Medicine: PET/CT, PET, MIBD, DXA, Bone Scan, Liver SPECT Interventional Radiology: Liver Biopsy, Fluoroscopy If you require tumor imaging and specific scans are unknown at the start of the study, select each modality that may be used.	<input type="checkbox"/> X-Ray <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Ultrasound <input type="checkbox"/> Interventional Rad.
10	How will data be transferred from Radiology to Sponsor? Ex. de-identified disk, sFTP, online upload, Rad report printed from EPIC, etc.	
10a	If online uploading is required, who will be the one uploading the data?	
10b	If data is being uploaded, what website will each scan be uploaded to? Ex. MRI to Resonance Health, DEXA to Bioclinica, etc.	
11	Will you need a waiver of a clinical read on any scans performed in this study?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11a	If yes, list which scans should not be read by CHOA Radiology.	
11b	If yes, is there a Central Reviewer who will be reading the images?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11c	If yes, when will the Central Reviewers read the images (i.e., 2 days, 2 years)?	
11d	If yes, will the Central Reviewers let CHOA know if there are any incidental findings?	<input type="checkbox"/> YES <input type="checkbox"/> NO

RPRF – Modality Specific

Magnetic Resonance Imaging (MRI)		
1	What pages in the protocol discuss MRI?	
2	What MRI procedures are requested? List out individual orders. MRI Brain without contrast MRI spine with and without contrast MR Spectroscopy of extremity If you require Tumor Imaging and specific scans are unknown at study start-up, enter "Tumor Imaging."	
3	How many times are the patients scanned throughout the study? Provide minimum number of individual scans required for a single patient. If maximum number of scans varies from patient to patient depending on cycles, subgroups, etc., mark as such.	Min: <input type="text"/> Max: <input type="text"/> <input type="checkbox"/> Varies from patient to patient
4	Does the study <i>require</i> a morning or early afternoon scan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4a	If yes, explain why it is required.	
5	Is an MRI required at the screening visit (or first visit of the study)? Note: The wait list for an MRI is two-three weeks. Please be sure to allow enough time between patient enrollment and screening visit to accommodate the busy MRI schedule.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Do you require Radiology to complete Data Transfer Forms (DTF) or Research Forms for each patient scan?	<input type="checkbox"/> YES ^M <input type="checkbox"/> NO
7	Does the protocol request the reading Radiologist to provide certain measurements or information in the radiology report? If no, Radiology assumes we will perform our SOC reading protocols.	<input type="checkbox"/> YES ^M <input type="checkbox"/> NO <input type="checkbox"/> Waiver Requested
7a	If yes, describe reading requirements.	
8	Any additional comments concerning scan(s)?	
Radiology Use Only		
1	Is there an imaging manual for MRI?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Does the Sponsor require Phantom/QC Scans?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2a	If yes, at what interval?	<input type="checkbox"/> Initial <input type="checkbox"/> Quarterly ^M <input type="checkbox"/> Monthly ^M <input type="checkbox"/> Annually ^M <input type="checkbox"/> Other: <input type="text"/>
3	Will Radiology perform a clinical read?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3a	If no, who approved the waiver?	
4	Will the study team need a de-identified disk or data transfer?	<input type="checkbox"/> YES ^M <input type="checkbox"/> NO
5	Is a specific scanner required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5a	If yes, which one?	
6	Do the requested procedures match our SOC imaging protocols?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6a	EG Radiology Review:	
6b	SR Radiology Review:	
7	Will radiology perform specific reading requirements?	<input type="checkbox"/> YES ^M <input type="checkbox"/> NO
7a	EG Radiology Review:	
7b	SR Radiology Review:	
8	Additional comments:	

RPRF – Order Specific Language

Below is the information that should be inserted by the ordering physician(s) when the order is placed. Information goes into the comments section of the order form. This information allows radiology to know this is a research scan and what procedures to perform. It also allows radiology to prepare properly thus limiting any disruptions in our clinical workflow.

Radiology Order Form Comments Section	
<input type="checkbox"/> X-Ray	
<input type="checkbox"/> MRI	
<input type="checkbox"/> CT	
<input type="checkbox"/> Nuclear Medicine	
<input type="checkbox"/> Ultrasound	
<input type="checkbox"/> Interventional Rad.	

Processes During Study

- Notify radiology of NOA
 - We need to know when enrollment will start
- Order research scans the same way you would order a clinical exam (EPIC or Paper form)
- Include the research language in the comments section of the order form
 - See RPRF results (ex. Research PTC: see imaging manual. Perform on Prisma)
- If your study is a non-SOC exam, email radiology about upcoming visits
 - This helps us prepare for more complicated studies
- If you need a specific date/time, email Victoria Allen
- Send Radiology updated protocols and imaging manuals
- Billing to a research sponsor: submit patient trackers. Be sure to include technical and professional fees

Tips/FAQ/Frequently Seen Issues

- Non-SOC vs. SOC radiology exams
 - It's not just about frequency or who pays. It's also about the kinds of images requested.
- Poor communications
 - No Imaging Manuals provided or notice of radiology required training
- No notice of enrollment
 - Many of your non-SOC exams are built onto our scanners. We don't build them until we know enrollment is about to start.
- Poor description of procedures
 - A Brain MRI is not a enough of a description. Is contrast requested?
 - Fluoroscopy is not a enough of a description. Where on the body do you need it?
- Always include study name in the subject line of an email.
 - I oversee 120+ studies. I don't remember which study is yours by your name alone.

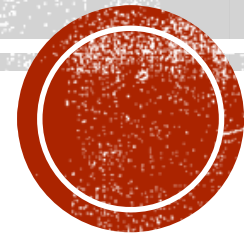
Contact Info

- Jack Goldberg, MS
 - Jack.Goldberg@choa.org
 - Work: 404-785-2527
- Office Locations
 - EG: Ground Floor – Radiology Administration office
 - SR: Radiology Department – Team Work Room office

Questions?



CARDIOVASCULAR IMAGING RESEARCH CORE (CIRC)



Children's™
Healthcare of Atlanta



EMORY
UNIVERSITY

Pediatric Research Alliance

OUR MISSION

- Increase quality of data collection for imaging research protocols
- Provide an environment that is protected from clinical activities
- Allow imaging modalities to be utilized for additional studies in non-traditional settings
- Increase scientific productivity



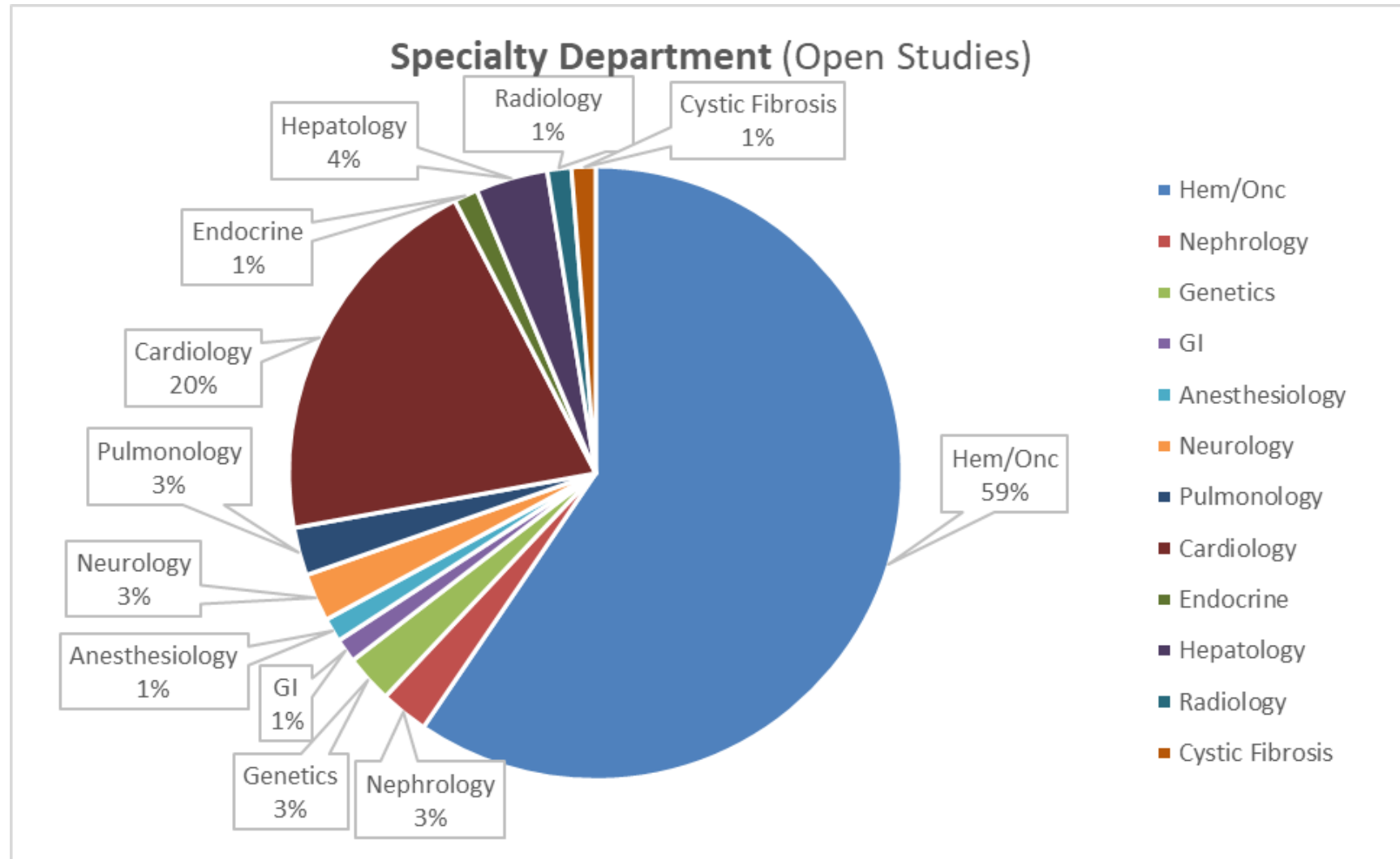


WHAT IS AN IMAGING CORE LAB?

- A “core” facility is a shared resource, containing capabilities (technical, equipment, knowledge) that can be used by multiple users and is applicable to multiple studies.
- Key characteristics
 - Defined space
 - Central focus
 - Specific user group
- We are one of three pediatric core imaging labs in the nation recognized by the American Society of Echocardiography (ASE).
 - Children’s Healthcare of Atlanta
 - Cincinnati Children’s Hospital Medical Center
 - Children’s Hospital of Wisconsin



CUSTOMER BASE



SERVICES OFFERED

Technical

Echocardiograms

- Complete & Limited Non-Congenital
- Complete & Limited Congenital
- Flow Doppler
- 3-D Imaging
- Strain and tissue Doppler functional Imaging
- Vascular/ Carotid Assessment

Stress Echocardiograms

- Upright Bicycle
- VO₂ Analysis

Exercise Stress testing

Electrocardiograms



SERVICES OFFERED CONT.

Data Analysis

Administrative

Cardiac MRI (logistical & analysis)

Non-Invasive Imaging Protocol Development

Consultative Expertise (Cardiology,
Sonography & Research)

Research Imaging Software

Post-processing capabilities

Dedicated Research Exam room

Image Transfer and Upload



WHAT WE DO

- Develop study protocols
- Monitor sonographer training and image quality for adherence
- De-identify and transfer studies for analysis to Vendor-Neutral platform
- Assess analysis data for outliers
- Monitor and manage IRB requirements for imaging physicians and sonographers
- Reconcile activity trackers and invoices
- Prepare study budgets to include appropriate CPT codes and charge structure.



OUR CONTRIBUTIONS

- Abstracts and Podium presentations:
 - CHOP Cardiology
 - American Society of Echocardiography Scientific Sessions
 - Southeastern Pediatric Research Conference
 - Society of Cardiovascular Magnetic Resonance
 - American Society of Pediatric Hematology/Oncology – COG
 - American Academy of Pediatrics
 - American Heart Association
 - American College of Cardiology
- Workgroups and collaborations
 - ACC-ACPC Quality network Metrics
 - Society of Pediatric Echocardiography Sonographer Collaboration
 - PHN-Echo Z-score study
 - COG – DVD Registry – Long-term survivorship (428 ++ studies)





NON INVASIVE CARDIOLOGY REQUEST FORM

Children's Healthcare of Atlanta

The Heart Center
CIRC

Egleston Campus

1405 Clifton Road, N.E.

Atlanta, GA 30322-1101

Office (404)785-6476 Fax(404) 785-1277

Patient Name: _____

DOB: _____

Diagnosis: _____

MRN: _____

Account/HAR#: _____

Study Name _____ Location SR ___ EG ___

Parent/Guardian's Name: _____ Phone: _____ Cell/Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Guarantor Name: _____ Guarantor DOB: _____ Guarantor Sex: M F

Guarantor Phone: _____ Relationship to Patient: _____

Insurance/Medicaid Plan: _____ Policy & Group #: _____

Please note: Outpatients that require prior authorization must have authorization on all CPT codes listed for that exam.

Authorization #: _____ CPT: _____ if available & legible, please also fax copy of insurance card

ECHOCARDIOGRAMS

Echo Complete (Congenital)

CPT 93303, 93320, 93325

Echo Complete (Non-Congenital)

CPT 93306

Echo 2D w/o Spec/Color Flow Dopp

CPT 93307

Echo Limited (Congenital)

CPT 93304, 93321, 93325

Echo Limited (Non-Congenital)

CPT 93308, 93321, 93325

Fetal Complete (Congenital)

CPT 76825, 76827, 93325

Fetal Limited (Congenital)

CPT 76826, 76827, 93325

ELECTROCARDIOGRAMS

Electrocardiogram

CPT 93000

Rhythm Strip

CPT 93041

Holter Monitor

CPT 93225, 93226

Transtelephonic Monitor

CPT 93012

PACEMAKER ANALYSIS

Pacemaker Single

CPT 93288

Pacemaker Dual

CPT 93288

OTHER

Six Minute Walk Test

CPT 94620

Vascular Exam (RESEARCH ONLY)

Diagnostic questions: Each individual procedure code ordered must include a reason for that procedure.

Special requests or instructions? Sedation: Yes No Interpreter: Yes No

Other: _____

Inform CIRC office if pt is late or rescheduled **before** appointment time so appropriate accommodations can be made

Allow two (2) business days for appointment to be scheduled and confirmed

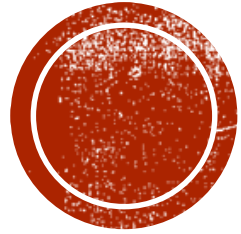
Ordering Physician's Signature/Date (REQUIRED): _____	
Print MD Name: _____	Coordinator Name _____
Practice Name: _____	Coordinator Phone _____
Procedure Date & Time _____	
Office Use Only	
DATE AND TIME OF APPOINTMENT: _____	SCHEDULED BY: _____

SCHEDULING

Scheduling with CIRC Services:

- Please give us at least **2 business** days to schedule your appointment
- Fill out the form completely and legibly





THANK YOU

Amy Park, MPH, Research Coordinator

Deanna Hill, CCRP, Research Coordinator

Joan Lipinski, MHS, RDCS, FASE, Manager

Dr. Ritu Sachdeva, MD, Medical Director

Sassan Hashemi, MD, Imaging Processing Scientist



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Pediatric Research Alliance

Pediatric Research Unit at Center for Advanced Pediatrics

Cheryl Stone, RN, CCRP
Lead Research Nurse
Children's Healthcare of Atlanta
Pediatric Clinical Research Unit
Center for Advanced Pediatrics



CENTER FOR ADVANCED PEDIATRICS

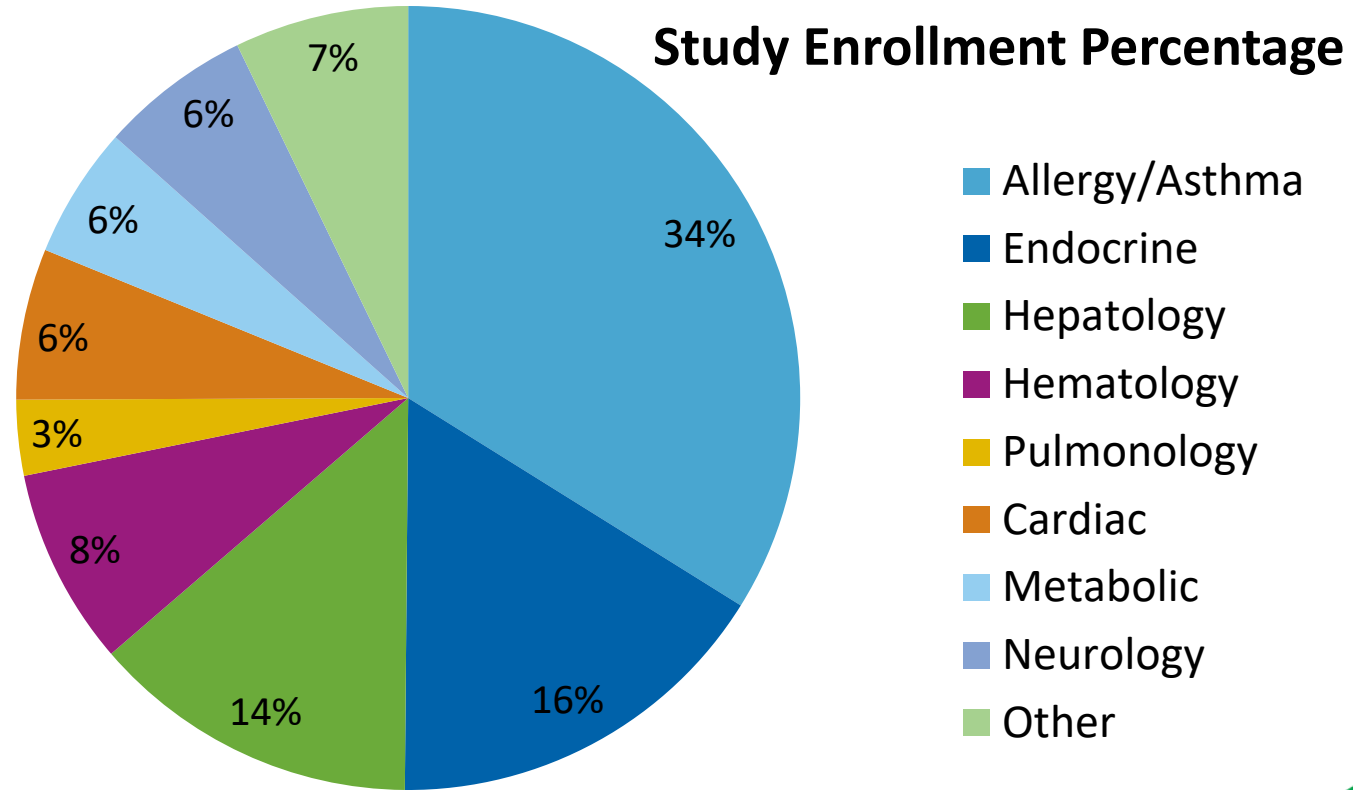


Pediatric Clinical Research Unit
Children's Healthcare of Atlanta

Research in the Center for Advanced Pediatrics

- 7 Highly skilled, PALS certified staff
- 4,237 sq/ft of Clinical Space
- 6 dedicated exam rooms
- Intake Room
- Consult room
- 8 dedicated computer work spaces for Coordinators
- 2 Docking Stations
- Central Lab for clinical lab resulting
- CHOA Research Lab for processing and shipping
- Radiology Services on 1st floor
- Parking garage with 1120 spaces
- Virtual in-patient rooms at Egleston
- 672 sq/ft Investigational Drug Pharmacy within the Unit

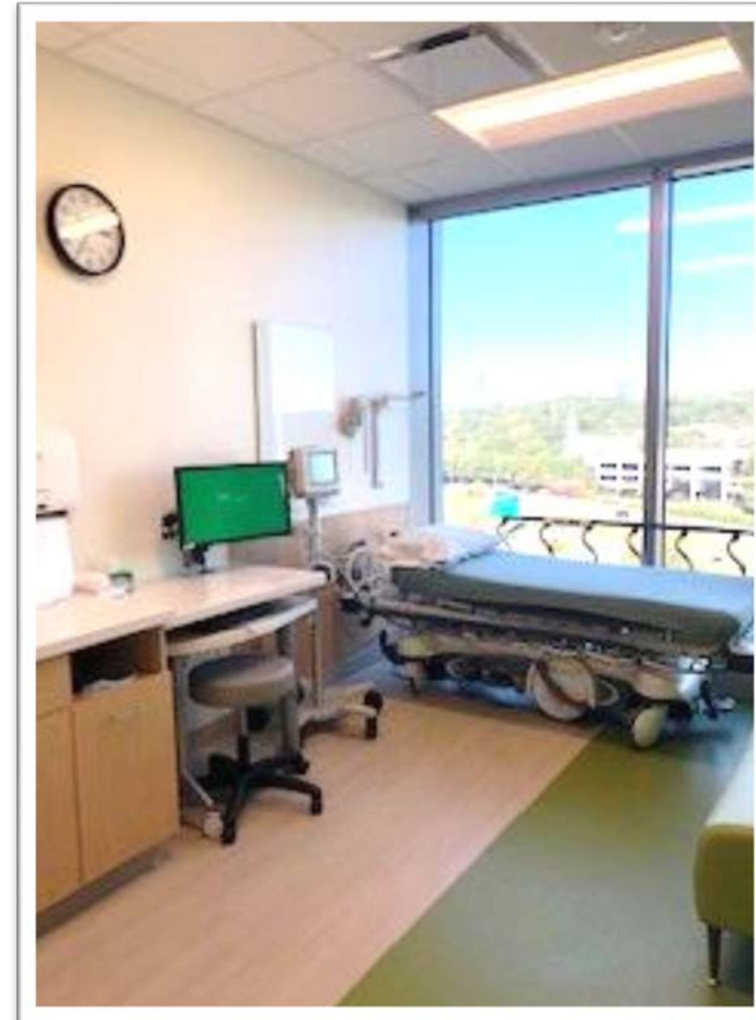
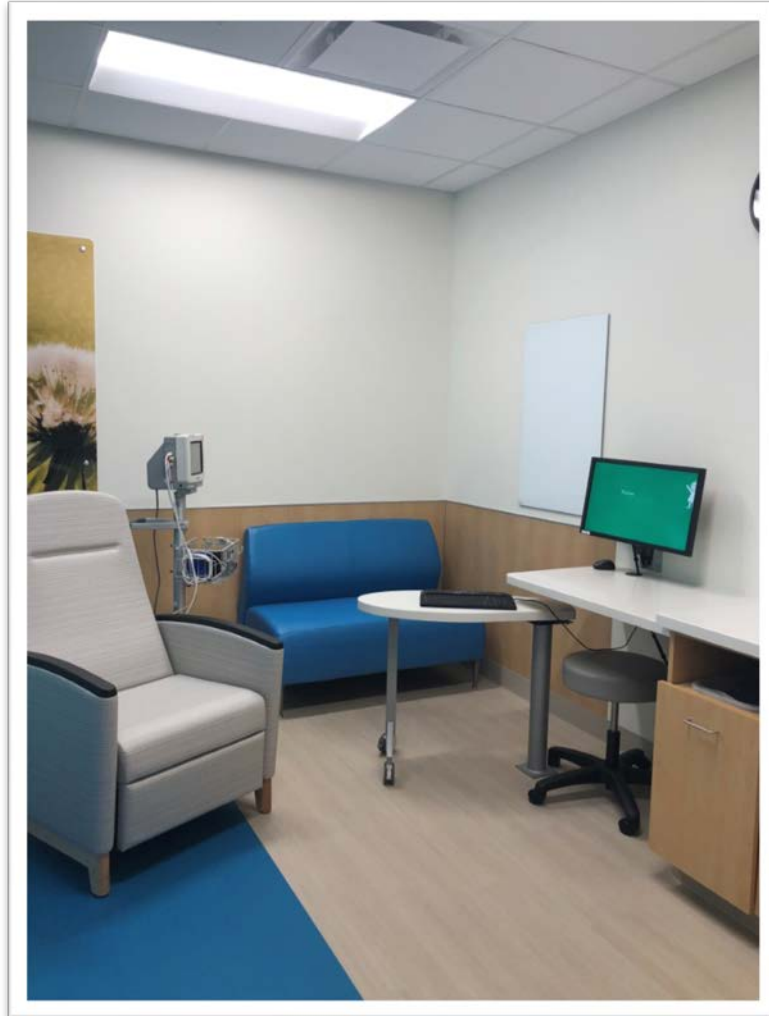
Pediatric Research Unit Studies by Specialty

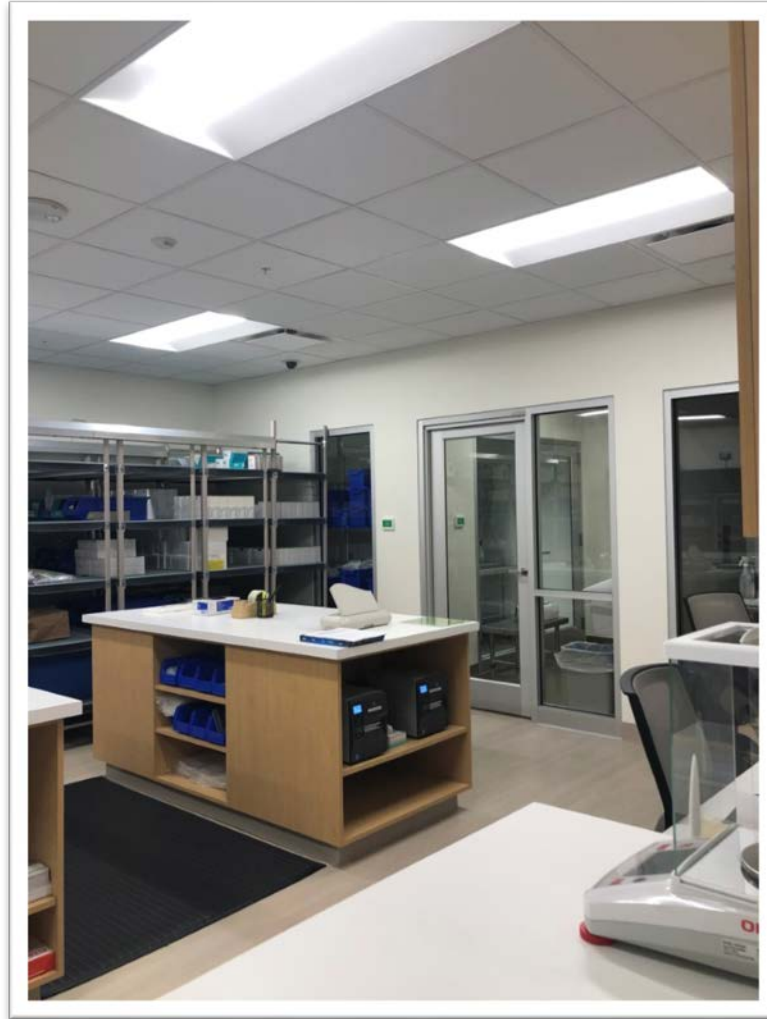


Outpatient Pediatric Research Center



Patient Rooms at CAP





Pharmacy at CAP

Services Provided by Research Staff

- Protocol Review
- Conduct Study Round Tables
- EPIC order development
- CR-Assist Study Build
- CR-Assist Coordinator Training
- Patient Scheduling
- Carry out all aspects of protocol

Other Services Provided

- Phlebotomy Services
- Perform ECGs in PRU
- Room Utilization Only Option
 - X-rays available in CAP
- Protocol training for In-Patient staff



How do I get my study in PRU?



First Steps

- **Email Study Protocol to Grants Administration.**

This allows Research Administration to assess for feasibility, begin the CHOA budget and department routing needs.

- **Department Approval Form (DAF) and budget request forwarded to Pediatric Research Unit.**

This begins the process for the PRU. A thorough review of protocol is conducted and budget provided. A signed DAF and budget will be sent to OGA.

Scientific Advisory Committee (SAC) Submission

This starts the ball rolling for PRU staff

Georgia CTSA protocol submission information:
<http://georgiactsa.org/discovery/protocol-submission.html>

Click the link to file SAC application in Emory Redcap <https://is.gd/SACapplication>



You will need the below items to upload into REDCap during the SAC application:

- Copy of Protocol/Research Plan
- Emory IRB letter of approval (if available, can route still if IRB pending)
- IRB-approved consent forms. If you do not have the IRB-approved consent, a draft version will be accepted.
- PI Biosketch if new team
- DRAFT Day to Day Order Sets (see below for template information).

Round Table Meeting

- Request to schedule a Roundtable Meeting with **Clinical Research Unit** after SAC approval letter received & draft orders turned in.
- Roundtable meeting day/times are typically **Tuesdays thru Thursdays, Noon-1pm**. Other day/times are available.
- WebEX will be an option for those partners that are not able to attend the Round Table in person.
- Those invited to attend the Round Table are to include the following: PI, Sub-I, Coordinator, Lead or Backup Coordinators, Pharmacy, Research Lab, CIRC, Technology team, Finance team



What to Expect During and After Round Table Meeting

During Round Table

- Study overview given by PI
- Checklist reviewed (IRB approval, SAC approval, credentialing at CHOA completed, etc.)
- Each order set reviewed in detail to ensure protocol compliance and accuracy

After Round Table

- All edits and changes to order sets finalized
- PI will verify order sets for accuracy
- Order sets are sent to EPIC team for build
- Order sets go LIVE in EPIC
- PRU team builds the study visits in CR-ASSIST
- PRU team provides training for Coordinators for CR-ASSIST

Order Sets

- Submit draft order sets to the **Clinical Research Unit** at above email addresses for edits
- Draft order sets are due **2 weeks prior** to roundtable meeting. Use **CHOA PRU Day to Day Order Set** Template found here: <http://georgiactsa.org/discovery/protocol-submission.html>
- Order sets should be in a ‘close to final’ state requiring only minor modifications and additions when they are submitted to the PRU staff

Final Step

The final step that MUST take place
before we can schedule patients in
the

Pediatric Research Unit

YOU MUST HAVE A

CHOA

NOTICE OF AWARD (NOA)

ready.set.
go!



For questions regarding Clinical Research

Cheryl Stone, RN, CCRP

Lead Research Nurse

Clinical Research Center

Children's Healthcare of Atlanta

404-785-6454

Cheryll.stone@choa.org





Children'sSM
Healthcare of Atlanta

Laboratory and Pathology Clinical Research Core

Clinical Research Processing



Services

- Sample Processing and Shipping of:
 - Plasma and Serum
 - PBMCs
 - Urine
 - Stool
 - Tissue
- Monitored freezers and short term storage
- Clinical Research Pricing for Local (In-House) and Central Laboratory testing
- Research Pathology service pricing
 - Slides
 - Tissue

	General Services
Level 1	No Processing (<15 min) Aliquot, store, ship
Level 2	Routine Processing (<30 min) Single spin, aliquot, store, batch, ship
Level 3	Moderate Complexity Processing (<60 min) Mononuclear Separation (Ficoll), aliquot, store and batch ship; multiple spins or other processing that requires < 60 minutes
Level 4	High Complexity Processing (>60 min) TBD by research lab team member on case by case basis

Coverage

- Provide services at CAP, Egleston, and Scottish Rite
- Operating Hours: M-F 8:00 am – 4:30 pm
- After hours, weekend and holiday processing is available upon request.
- Weekly schedule sent every Friday

Clinical Research Processing Schedule 12/2/2019 – 12/6/2019					
	2	3	4	5	6
	Monday	Tuesday	Wednesday	Thursday	Friday
CAP	*	Cali	Cali	*	*
SRH	Edgar	Danielle	Danielle	Danielle	Danielle
ECH	Danielle	Christeen / Edgar	Christeen	Christeen / Edgar	Christeen / Edgar

Study Start-Up Checklist

- Approved Lab DAF
- Laboratory Budget
- NOA
- Kits and Study Supplies
- Lab Manual and Processing Instructions

Questions?

- Contacts:
 - ECH Processing: 404-785-1930
 - SRH Processing: 404-785-1176
 - CAP Processing: 404-785-5437 Ext 17315
 - labresearchcoordinator@choa.org
 - pathvendormailbox@choa.org