



Request for Research Studies Agreement for Cost of Services to be Performed

Full Study Title: Brief Study Title:	Principal Investigator: PI Email: WU HPRO Protocol #:
Funding Type (Please check): <input type="checkbox"/> NIH* <input type="checkbox"/> Industry <input type="checkbox"/> PI-Initiated Industry <input type="checkbox"/> Foundation <input type="checkbox"/> Other:	Study ID #: *NIH GRANT #:
Foundation / Industry Sponsor Name:	Study Begin Date: End Date: Research Coordinator: Phone: Pager: Fax: Cell: Campus Box #: Email:
PI Dept/Div: Campus Box #: PI Office Phone: PI Pager: Billing FIS Number: Billing Account Number: Billing Contact: Tel: Email: Fax:	

Please obtain cost of services prior to submission at 362-6934.

\$ Cost	Description	\$ Cost	Description
	<input type="checkbox"/> Full Echo (2D, M-mode, Doppler)		<input type="checkbox"/> 12-Lead ECG Acquisition and Interpretation
	<input type="checkbox"/> Intermediate Echo (2D/M-Mode or 2D/Doppler)†		<input type="checkbox"/> 12-Lead ECG Interpretation Only§
	<input type="checkbox"/> Limited Echo (2D only)†		<input type="checkbox"/> 12-Lead ECG Acquisition Only
	<input type="checkbox"/> Carotid Duplex Ultrasound†		<input type="checkbox"/> 24 Hr. Ambulatory Blood Pressure Monitoring
	<input type="checkbox"/> Carotid Intima-Media Thickness Only		<input type="checkbox"/> 24 Hr. Holter Monitor Hook-up, Supplies & Data Prep
	<input type="checkbox"/> Brachial Artery Ultrasound Imaging		<input type="checkbox"/> Pulsed Wave Velocity / Augmentation Index
	<input type="checkbox"/> Brachial Artery Ultrasound Imaging w/ NTG†		<input type="checkbox"/> Ankle / Brachial Index
	<input type="checkbox"/> Exercise ECG Stress Test†		<input type="checkbox"/> Blood Draw†
	<input type="checkbox"/> Exercise Stress Echo (w/ full echo)†		<input type="checkbox"/> VO ₂ Max – Exercise Oxygen Consumption Study†
	<input type="checkbox"/> Limited Exercise Stress Echo†		<input type="checkbox"/> VO ₂ Max – Equipment & Room Use Only†
	<input type="checkbox"/> Dobutamine Stress Echo (w/ full echo)†		<input type="checkbox"/> Hourly Rate for Sonographer Analysis/Imaging Acquisition†
	<input type="checkbox"/> Portable TTE†		<input type="checkbox"/> Hourly Rate for Physician Analysis/Imaging Acquisition†
	<input type="checkbox"/> Ultrasound Contrast†		<input type="checkbox"/> Lower Extremity Venous Doppler†
	<input type="checkbox"/> Injection / Infusion†		<input type="checkbox"/> Abdominal Aortic Ultrasound†
	<input type="checkbox"/> Other†		<input type="checkbox"/> Other†

† By special arrangement only. § ECGs for interpretation must be originals or color scans at 400X400 dpi. Allscripts & ClinDesktop printouts inadequate.

Please include the following documents with this submission (Services will not be provided without these additional documents):

- Study Protocol
- Human Studies Committee Consent Form and Approval Letter

Terms & Conditions:

Prior HSC approval must be obtained by the investigator prior to any studies being performed.

I understand the terms and fees for the studies, and that **testing rates increase not to exceed four percent (4%) on January 1 of each subsequent year** in accordance with NIH standards. I agree to pay invoices for the tests performed by the Cardiovascular Imaging and Clinical Research Core Laboratory per agreement within 30 days.

PI's Printed Name

PI's Signature

Date

Please fax with approval to 747- 8170, or mail original to Tinoa Terry, Cardiovascular Division, Campus Box # 8086
 Scanned forms, approvals and attachments may be submitted electronically to echocore-scheduling@dom.wustl.edu