

*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)

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

Research Fiscal Review and Institutional Account Request Form

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| **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
 |

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| **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:
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| **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. Margaret12) Western Psych (WPIC)13) Hamot14) UPMC East | 15) Hillman @ SHY (2nd & 3rd Floors)16) Jefferson17) Drake Rd. (Upper St. Clair)18) Passavant19) Uniontown20) Arnold Palmer @ Oakbrook21) Arnold Palmer @ Mt. Pleasant22) Arnold Palmer @ Mountain View23) McKeesport24) Mercy \*MERCY ERD APPROVAL REQUIRED25) Johnstown (Murtha)26) Indiana | 27) Beaver28) Wexford29) Steubenville30) New Castle31) St. Margaret32) Washington33) Windber34) Magee | 35) Children’s 36) Dental37) Magee38) Montefiore39) Pediatric PittNet40) Physical Therapy41) Vascular42) WPIC43) UPCI | 44) Outpatient CRS Locations45) UPMC Owned Skilled Nursing facilities46) UPMC Home Health Providers47) UPMC owned Hospice facilities or providers48) 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 Methodi) 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).

