

**MCRU Protocol Initiation Meeting Roadmap**

MCRU Initiation Meeting Date: \_\_\_\_\_ MCRU Facilitator: \_\_\_\_\_  
 MCRU Protocol /HUM#: \_\_\_\_\_ Sponsor Protocol Number: \_\_\_\_\_  
 Principal Investigator: \_\_\_\_\_ Study Coordinator: \_\_\_\_\_  
 CTSU: \_\_\_\_\_ CTSU Contact: \_\_\_\_\_  
 Protocol Title: \_\_\_\_\_

**Contact Information:**

Study Team's contact list received  
 MCRU contact list sent

**Research Funding (select all that apply):**

NIH Internal Funds  
 Industry Research Cooperative Group

**Locations Utilized (select all that apply):**

CVC  
 Domino's Farms  
 Taubman Infusion Center  
 MCRU2U Community Engagement  
 \_\_\_\_\_  
 MCRU2U \_\_\_\_\_

**MCRU Service Types (select all that apply):**

All inclusive  
 Clinical service (clinic & space)  
 Space only  
 Lab processing only  
 Meals needed (for visits lasting 4+ hours)

**Protocol Specific Information:**

Participant population: Adult Pediatric Older Adult (65+)  
 Number of subjects: \_\_\_\_\_ Date of first participant: \_\_\_\_\_  
 Number of visits per subject: \_\_\_\_\_ Projected end date: \_\_\_\_\_

**Study Team Roles:**

Scanning & uploading consent: \_\_\_\_\_ On-call coverage:  
 Contact for billing: \_\_\_\_\_ PI Co-I Other: \_\_\_\_\_  
 Scheduling: \_\_\_\_\_ Clinical Phenotyping:  
 Signing MiChart orders: PI / Co-I MCRU N/A  
 PI Co-I Other: \_\_\_\_\_

**Scheduling & Billing:**

Visit type: Outpatient After Hours Length of visit: \_\_\_\_\_  
 MCRU2U  
 Billing Calendar in e-Research Billing Calendar Exempt  
 Funded by: \_\_\_\_\_ Short Code: \_\_\_\_\_

**Investigational Agents at MCRU:**

N/A  
 Will the agent be administered at MCRU (if no, please proceed to next section)? Yes No  
 Medication Order: Paper Order(s) MiChart Order(s) Both Paper & MiChart Order(s)  
 Orders available for review: Yes No Revisions needed: Yes No  
 Can participant take their own medication at MCRU visit? Yes No N/A  
 Hypersensitivity / Allergic Reaction / Anaphylaxis algorithm: \_\_\_\_\_  
 UMHS Emergency Management Protocol: \_\_\_\_\_

**Clinical:**

Fasting: Yes No  
 Pathology labs: SOC Labs Protocol Specific  
 Protocol specific equipment: Yes: \_\_\_\_\_ No  
 Equipment training required? Yes No or N/A  
 Can the IV team be called if needed?: Yes No

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*Clinical Research Services Requested (select all that apply):*

Investigational Drug	Other
Intravenous infusion	Colonoscopy
Intravenous injection	Liver biopsy
Oral Medications	MMT
Subcutaneous injection	Skin biopsy
Other / Comments _____	

*Ancillary Research Support Services Requested (select all that apply):*

Bloods	POR Testing (Blood glucose, urine pregnancy, urine)
EKG	Sigmoidoscopy
Exercise	Vitals / Height & Weight
OGTT	
Other / Comments _____	

**MCRU Lab:**

	Yes	No
Special specimen handling considerations:	Yes	No
Please note:	_____	

*Administrative Issues:*

Will the study require after-hours access?	Yes	No
Clinical orientation needed		
Education agreement signed	Yes	No

*Outstanding Issues that must be resolved prior to MCRU scheduling of participants:*

*Copy of outstanding issues will be supplied to the study team for their follow-up.  
 If you have questions or concerns after the meeting please feel free to contact:*

[MCRU-InitiationTeam@med.umich.edu](mailto:MCRU-InitiationTeam@med.umich.edu)