Mock GCRC Day-To-Day Protocol Stamp Plate

Admission Date:	
Patient Name:	
Medical Record No.:	
Principal Investigator:	
Study #:	**Place IRB # Here**
Study Title:	

Day : (Indicate visit #) **Today's Date**

For Nursing Staff	Item	Procedure
	1.	Admit to GCRC on (specify date)_____
	2.	Contact (Specify telephone numbers of at least two study personnel)
	3.	Informed Consent ☐ Signed and in the Medical Chart ☐ Must be signed upon Admission prior to any procedure
	4.	H & P to be done by _____ PIC# _____
	5.	Activity (Indicate special instructions for activity)
	6.	Diet (Specify type and at what time meal is to be provided. Specify any additional services needed (e.g. calorie count, nutrition assessment, anthropometry, fluid restrictions, time period during which patient will need to be NPO.)
	7.	Vital signs (Indicate number of times and any specific instructions) **BP1 _____ / _____ Temp _____ RR _____ HR _____**
	8.	Weight : **_____ kg**
	9.	Height: _____ **cm**
	10.	Medications:
	11.	Instructions for study specific medications if indicated

Physician's Signature:_____ PIC #:_____ Date: _____
CRC Lab Director Name: Date: Initials:
CRC Nursing Director Name: Date: Initials:
Deviations and Actions: Nurse Signature Initials

_____

**** Signed by investigator prior to initiation of protocol or signed copy available on chart.**
*** Print Inpatient Protocol in *Landscape* and Outpatient Protocol in *Portrait.***
JO: 3/95, amended 8/14/2003, 8/11/2004, 9/19/2006; DC amended 4/5/2007, 4/8/08, 5/31/12 Version date: 4/12/2023

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	12.	Data collection instruments to be done by study staff (Only need mention if interspersed with clinical procedures and need to be done at specific times)
	13.	Admission labs: **Indicate specifically what tubes you require and where you would like them to be sent. Lab personnel will meet with you for details.**
	14.	Snack (if indicated)
	15.	
	16.	Discharge from GCRC

Physician's Signature:_____ PIC #:_____ Date: _____
CRC Lab Director Name: Date: Initials:
CRC Nursing Director Name: Date: Initials:
Deviations and Actions: Nurse Signature Initials

_____

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