

**Research Pricing or Billing Account Request Form**

*FRA Use Only*— Epic guarantor #: \_\_\_\_\_

Epic study code #: \_\_\_\_\_

Lab client #: \_\_\_\_\_

Study Short Name:

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Name of test/service needed (be specific as possible and provide CPT code, if known)	Location of service	Will reading/interpretation be needed?	Charge Code (FRA use only)	Research Price (FRA use only)

Requester:

Name:

Contact number:

Email address:


Principal Investigator:

Name:

Contact number:

Email address:


Billing Contact:

Name:

Contact number:

Email address:


Regulatory Needs:

IRB#:

IRB approval date:

NCT#:


Funding Source Type:

- Business/Industry     Federal  
 Other (please specify: \_\_\_\_\_ )

Lab Result Report Method:

- Post to patient's chart in Epic  
 Fax report (complete fax information section below)  
 No report (lab handling, pathology or phlebotomy fees only)

Fax Report Information:

Investigator is responsible for ensuring patient confidentiality of faxed report. Reports are faxed between midnight and 5 a.m.

Fax Number:

Fax Header Name:
