

# Evaluation of STVHCS Resources for Clinical Research: BRU

## (Only outpatient studies)

1. Principal Investigator/Program Director: \_\_\_\_\_  
*Last First MI Degree*

2. Project Title: \_\_\_\_\_  
(Maximum length = 142 characters, including spaces)

3. Funded by: \_\_\_\_\_  
Administered By: ☐ VA ☐ Foundation for Advancing Veterans' Health Research ☐ UTHSCSA (Check one)  
☐ Other \_\_\_\_\_

4. IRB Number: \_\_\_\_\_

5. Initial Evaluation Form ☐ Modified Evaluation Form ☐ (Select one)

6. Starting Date of Support \_\_\_\_\_ (mm/dd/yy) Ending Date of Support: \_\_\_\_\_ (mm/dd/yy)

7. Number of Subjects: Total enrolled and studied at BRU: Veterans enrolled and studied at BRU: Non-Veterans enrolled and studied at BRU:

### 8. BARTTER RESEARCH UNIT (BRU)

Specify visit (i.e. Day 1, Week 1)*									
Estimated time spent on BRU per visit (hour)									
Purpose of visit (screening, treatment, etc.)									

\*If additional visits are required, please list on a separate sheet.

Number of Patients	Number of Procedures Per Patient	Procedure DESCRIBE (Room, Nursing, Pharmacy, Lab processing, DXA, Dietitian)	Specify visit(s) that procedure(s) will be conducted	Other Information (CPT Code Required)

For BRU Personnel use only:

BARTTER RESEARCH UNIT ☐ CAN ☐ CANNOT provide the resources necessary to effectively and safely conduct the research. Any limitations are attached.

BRU Nurse Manager \_\_\_\_\_  
Signature Date

BRU Medical Director \_\_\_\_\_  
Signature Date

Associate Director for Patient Care Services (Nurse Executive) \_\_\_\_\_  
Signature Date