

INSTRUCTIONS

1. Complete all sections of this form on a computer using Acrobat.
2. Go to the following URL and open a ticket: help.ucsf.edu. Select the "Submit an IT Ticket" link and then select the "**Get IT Help**: Report something that just isn't working right" link. Answer the questions and attach this form to the ticket *before* clicking submit.
3. ALL information requested on this form must be completed BEFORE a Research Study account can be created in APeX. You will be contacted by the APeX Research Team if additional details are needed.

Study "New" or "Maintenance"? If "Maintenance" and CRC changes are requested, do they need to be added to existing Work Queues?	
Study have Procedures Defined? (If "NO", did you follow up with the various contacts per your Research Study Budget Analysis. Please define why no service codes are defined for study build).	
DPA/Fund Change? If "YES", please Provide Effective Date of New Change and Termination Date of Old Fund/DPA	
Study Name: Start with 'ZZ' and provide a short (<25 character) name	
Study Description: Full study title	
Department: Check one box below for the Home department of the Principal Investigator for the study and the Location of where the WorkQueue Charges will be	
<input type="checkbox"/> Anesthesia and Pain Management	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Osher Center for Integrative Medicine
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Family and Community Medicine	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Medicine – excluding Hematology/Oncology Division	<input type="checkbox"/> Radiology
<input type="checkbox"/> Medicine – Hematology/Oncology Division	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> Neurologic Surgery	<input type="checkbox"/> Surgery
<input type="checkbox"/> Neurology	<input type="checkbox"/> Urology
<input type="checkbox"/> Obstetrics & Gynecology	<input type="checkbox"/> Proctor Foundation
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Other
CHR # (Study Code): e.g., 12-12345	
DPA-Fund:	
NCT #: if applicable	

Billing Information	
Contact Name: (Monthly Statement Reviewer)	
Address: (Box)	
Address: (City, State, Zip)	
Phone: (555-555-5555)	
Fax: (555-555-5555)	

Orders & Services and Procedures Instructions: In this table please fill in all APeX codes and descriptions that can be billed to your research study. For **orderables**, enter the procedure exactly as it appears when ordering in APeX, including the procedure code. For **hospital chargeables** and **professional chargeables**, you may contact the various portal contacts (Cancer Center, Non Cancer Center, Department Contacts) to ensure the proper procedures are used as part of your Medicare Coverage Analysis (Study Budget Process). Those contacts are listed on the APeX Knowledge Bank under CRC Resources.

Orders	Services and Procedures	
APeX Orderable	Hospital Chargeable	Professional Chargeables (CPT Codes)
<i>Research Venipuncture Only (NO Processing) [LAB5428] (This Row provides example)</i>	<i>HC VENIPNCT FOR LAB SPEC (30000028)</i>	<i>PR COLLECTION VENOUS BLOOD, VENIPUNCTURE (36415)</i>



Research Users – APeX User Names	
Principal Investigator: (Must be an APeX user) Include ID (e.g. Joe Hegde 62683)	
CRC(s): Include ID (e.g. Mary Test, 12344)	
Nurse(s): (Include ID)	
Co-Investigators(s): (Include ID)	

Request Form Contact and Panic Value Contact	
Request Form Contact	
Request Form Email	
Request Form Phone	
Panic Value Contact	
Panic Value Email	
Panic Value Phone	