



A-TRU Participant Registration Form

General Research Study ☐ COVID-19 Related Study ☐
On-Site Visit ☐ Off-Site Visit ☐ ECHO Core Lab ☐ DXA Scanner ☐ Audiology Booth ☐

Appointment Date: _____ Appointment Time: _____

ATRU/RISE #s _____ / _____ PI: _____ IRB PRO #: _____

Study Coordinator: _____ Contact phone # _____

Visit Type:

New ☐
Follow up ☐

Visit Number: _____ Estimated Length of Visit: _____ hrs.

Requested Services: _____
i.e.: phlebotomy, EKG, vital signs, IVs, infusions, lab processing, DXA, room use only, procedures (LP/BX), etc.

REQUEST FOR PARTICIPANT LABELS (specify number) _____

Participant Study ID#: _____

Participant's Legal Name: _____ Sex: _____
Last First

Date of Birth: _____ / _____ / _____ MRN #: _____

Special Considerations/Safety Precautions

- Has the participant tested positive for COVID-19? ☐ Yes ☐ No
 - If yes, date participant tested positive: _____ / _____ / _____
- Oxygen Requirements: ☐ Yes ☐ No _____ L/o2 @ Rest _____ L/o2 with Activity
- Personal Protective Equipment: ☐ Yes ☐ No Type: _____
- Mobility Impairments ☐ Yes ☐ No Type: _____
i.e.: non-weight bearing, paralysis, weakness, amputation, neuromuscular disorders, spinal cord injury, etc.
 - ATRU Safe Transfer/Lift Services Needed? ☐ Yes ☐ No
 - Weight/Size Estimate – To Determine Transfer/Lift Needs _____
- Other Special Considerations/Safety Precautions? _____

The ATRU will make every effort to reasonably accommodate research participants and provide a safe, supportive, and inclusive environment

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