## **Study background: Patient population, investigational product**

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| **Directions to Study Team Creating Nursing Worksheet, please read before starting:** |
| Dear Study Team Staff,We are looking forward to working with you as you create the nursing worksheets for this study. We understand translating the protocol information into a nursing worksheet can be challenging. Please keep in mind the following as you move through the worksheet:1. You **must** use the CHPS nursing worksheet template. This ensures everything the CHPS staff needs is included. You can find the most up-to-date template at <https://www.med.upenn.edu/chps/research-nursing-core-rnc.html> under “Nursing Tools.”
2. There are directions throughout this template in red to explain what exactly we are looking for. Please replace the red explanations with the requested information as indicated.
3. Please list tasks in chronological order.
4. Not applicable sections may be removed, such as the Vital Signs. Edit the blood work section to meet your study’s needs.
5. Please use track changes. We recommend sending us the worksheet for the first CHPS visit (for example, screening or C1D1 depending on the study) for feedback before completing worksheets for other visits. That way you do not need to apply changes to each visit’s worksheet.
6. Please email us with questions, we are happy to help. kathlj@pennmedicine.upenn.edu and jessica.lenzo@pennmedicine.upenn.edu
7. Please delete this directions section prior to worksheet finalization.

Thank you,Kathlyn and Jess |

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| **Study Population/Disease under Study** |
| - Summary of who will be enrolled, patient population, and total number to be enrolled- Can discuss basics of disease here-Study goal/science behind(Keep this simple unless it is a rare disease. This section is to give more context to CHPS nurses so they are able to provide the best care to patients.) |

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| **Investigational Product(s)** |
|  - Basic pharmacology/mechanism of action-Any known AE’s or reactions otherwise state if unknown.  |

**Patient Trial ID #:** \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

 mm dd yyyy

|  |  |  |
| --- | --- | --- |
| **Principal Investigator Contact:** | **Coordinator Contact Info:** | **Research Nurse Contact Info:** |
| name, M.D.Cell – (xxx) xxx-xxx | Namecell – xxx-xxx-xxxx | name, RNCell – (xxx xxx-xxxx |

Treating Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please contact treating physician/or covering NP (f applicable for your study) in the event of medical emergency.**

**Please refer to EPIC for lab orders and Beacon for treatment plan and nursing instructions**

[ ]  The signed consent form has been reviewed by CHPS staff. Initials: \_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Blood Pressure | Heart Rate | Respiratory Rate | Pulse oximetry | Temperature |
| mmHg | Beats/min | Breaths/min | % | C |

Time: \_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_

**Edit the table below for the specific labs your study needs:**

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|  Collect blood samples in the following recommended order:  |
|  **Clinical bloods** (orders in EPIC): CMP*,* Amylase, Lipase, CBC , TSH, T3, T4 |
|  **Research Bloods:** Specify if CHPS will or will not be processing research bloods; provide processing instructions if CHPS is processing as a separate document.  |
| Serum Biomarker Analyses (fasting sample) *4mL Serum red top tube* |
|  Plasma PK*4mL lavender-top K2EDTA tube* |
| Genetics Analysis *8.5ml Blood DNA tube* |
| RNA Analyses *8.5ml Blood DNA tube* |

Time: \_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_

 **CHPS STAFF SIGNATURE**

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| --- | --- | --- | --- |
| **PRINTED NAME** | **SIGNATURE** | **INITIALS** | **DATE** |
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