**COBRAS Human Core Polysomnography Service Request**

|  |
| --- |
| **Study information** |
| **Study Name** |  |
| **CTRU Study number** | [ ] Pending | **HRPO number** | [ ] Pending |
| **Principal Investigator** | **Name** |  | **Department** |  |
| **Title** |  |
| **Email** |  | **Phone** |  |
| **Study contact** | **Name** |  | **Department** |  |
| **Title** |  |
| **Email** |  | **Phone** |  |
| **Is this study industry funded? 🞏 Yes 🞏 No** |
| **Fund number:** [ ] Pending |
| **Do you have a sleep medicine physician on your study team? 🞏 Yes 🞏 No****If yes, name of physician:** |
| **Is the principal investigator of the study a member of COBRAS? 🞏 Yes 🞏 No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Projected N** | **Dates (approx)** | **Frequency (per week or month)** | **Notes** |
| [ ] **Polysomnogram,**  **attended**Space, equipment, and supplies are separately charged through the CTRU |  |  |  |  |
| [ ] **Polysomnogram, unattended**Space, equipment, and supplies are separately charged through the CTRU |  |  |  |  |
| [ ] **Polysomnogram, data scoring**Scoring will be completed by a registered polysomnography technologist |  |  |  |  |
| [ ]  **Registered Polysomnographic technologist time** |  |  |  |  |
| [ ]  **Saliva Funnels** |  |  |  |  |
| [ ]  **Other** |  |  |  |  |

**Additional Information**

Does the requesting study team want acquired sleep study data scored by COBRAS?

 [ ]  No [ ]  Yes

 If yes, studies will be recorded and scored using AASM guidelines. If your study has specific needs outside of these guidelines, please specify below:

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 How would requesting study team like to receive the sleep study report with scored data variables?

 [ ]  Electronic [ ]  Paper [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Does the requesting study need a copy of raw, unscored data for any analyses?

 [ ]  No [ ]  Yes

 If yes, how does the study want to receive the raw data?

 [ ]  Electronic [ ]  DVD [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If COBRAS *is not* scoring the sleep study data, who will require access to unscored sleep study data?

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  RPSGT [ ]  Sleep physician

 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the requesting study have IRB approval for audio/video recording in consent document? (Necessary for all sleep studies. Please attach a copy of consent when submitting service request.)

 [ ]  No [ ]  Yes

Does the requesting study want a copy of the audio/video recording?

(Requires additional IRB approval)

 [ ]  No [ ]  Yes

If yes:

 [ ]  Audio [ ]  Video [ ]  Both

**Please return completed form with consent document to** **COBRAShumancore@email.wustl.edu**

**with subject, “New PSG Request”.**