**COBRAS Human Core Polysomnography Service Request**

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| --- | --- | --- | --- | --- |
| **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**](mailto:COBRAShumancore@email.wustl.edu)

**with subject, “New PSG Request”.**