FAU
FLORIDA ATLANTIC UNIVERSITY
Clinical Research Unit
Division of Research

Form 4 - Clinical Research Unit Study Visit Orders

Email to: CRUDOR@health.fau.edu

Protocol IRB #

Study Visit ID:

Participant ID:	
Participant Name:	
Date of Birth (DD/MMM/YYYY):	/ /

Allergies

Latex ☐ Yes ☐ No

Food ☐ Yes ☐ No

☐ Peanuts
☐ Eggs
☐ Other (specify)

Medications/Drugs ☐ Yes ☐ No

Medication Name	Type of Reaction

Visit Date & Time

Orders

Please describe the procedures requested for this order and include as many details as possible (i.e.: # tubes, butterfly, processing, specific test from cognitive battery, order of testing, etc.)

PI/Designee Signature:

Date: