# PATIENT/NORMAL CONTROLS REQUEST FORM

Please fill in each field.

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| **List to Give Coordinator** | **Explanation** | **Response** |
| Researcher | Your name | Steven Weisberg |
| Date | Date of request | 5/10/2018 |
| Training | Attending the yearly mandatory database training is required for using the database. | Please check:  \_\_X\_\_Attended Yearly Meeting  \_\_\_\_\_Did Not Attend Yearly Meeting/Completed Online Training  \_\_\_\_\_Did Not Attend Yearly Meeting/Did Not Complete Online Training  (If this is checked, please contact Patient Coordinator about  training procedures.) |
|  |  |  |
| Type of Study | Normal Control or Patient? | Please check:  \_\_X\_\_Normal Control  \_\_\_\_\_Patient |
| Link Between Control & Patient Database | If using the Control Database, please describe (case numbers or lesion type) of the patients you are using from the Patient Database. [Skip if requesting patients.] |  |
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| Case Record Numbers | Which cases would you like to see? (Database Numbers.) |  |
| Subject Restrictions\* | Examples include age, handedness, field-cuts, neglect, hemiparesis | 60-75 (but may modify) |
| Subject Requirements\* | Examples include age, education |  |
| Anticipated Number of Cases | Total cases for your study | 10 |
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| Session Length | It is not recommended that you test patients for >2 hrs/session | 1 hr. |
| Number of Sessions | Total number of sessions/subject | 1 |
| Name of Project | Needed for record keeping – should be unique but brief (e.g. *Frontal Task-switching*) | Arrows VVA |
| Description of Task | Needed to tell subject when recruiting (1-2 sentences) | A brief color and spatial direction memory task |
| Study Location | IRB-approved locations are HUP, CCN, Patients’ Homes | Please check (tell us your preference):  \_\_X\_\_Gibson Patient Testing Room (2 Gibson, HUP)  \_\_\_\_\_CCN Patient Testing Room (overflow/TMS/TDCS only)  \_\_\_\_\_Home  \_\_\_\_\_PIRM |
|  |  |  |
| Payment | Minimum payment is $15/hr + travel + incidentals (e.g., lunch, task bonuses) | $20/hr |
| Form of Payment | Check or Cash?  (Note: Patients must be paid in cash) | Please check:  \_\_\_\_\_Check  \_\_X\_\_Cash |
|  |  |  |
| Your Emergency Contact Info | Needed for cancellations or other patient/control changes (cell &/or office #) | Cell: 610-212-3113 |
| Your Availability | Sharing a designated “Availability” Google calendar is preferred, or may share Dates/Times here. Remember to include dates we should *avoid* scheduling, like vacation time, conferences, etc. | See calendar |
|  |  |  |
| Your Willingness to Screen New Subjects | Patient Coordinator screens new patients; Researchers screen new controls.  For patients, anticipate an additional 2 hrs for your session. For controls, anticipate an additional ½ hour. | Sure! |

\*Note: We screen all controls with a general neuropsych screening, but please provide a list of specific attributes you are looking for. The normal coordinator will read them off to the subject and make sure that they fit your specific list. For example, you might include requirements such as right handed, older than 65, over 12 years of education.

Normal Control Questions: 215-573-7093 or controls-psom@pennmedicine.upenn.edu

Patient Questions: 215-573-8485 or eica@pennmedicine.upenn.edu