

NORC CTRS CORE - CLINICAL RESEARCH UNIT (CRU)

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SECTION 1- TO BE FILLED BY SERVICE REQUESTER

UW NORC Affiliate Investigator (AI):		Name of AI:	
Non-UW NORC Affiliate Investigator (Non- AI):		Name of Non-AI:	
Requester Contact Info:		Fiscal/Grant Info:	
Service Requester's Name (if different from AI/Non-AI):		Budget Number for Billing:	
Address/UW Mailbox:		Budget Name:	
Phone:		Grant Title:	
Email:		Project Title (if different than Grant title):	
Technical/Fiscal Contact Name:		Grant Number:	
Address/UW Mailbox:		IACUC/IRB Approval number/s:	
Phone:		IACUC/IRB Approval date/s:	
Email:		IACUC/IRB PI:	

SECTION 2- TO BE FILLED BY SERVICE PROVIDER

Services Performed	Unit Price	Unit	Quantity	Subtotal
Consultative Services				
Initial Consultation	\$0	Hr		\$0
Direct Services				
New Study Setup	\$67	per study		\$0
Phlebotomy	\$8	per draw		\$0
iDXA Scans	\$51	per scan		\$0
IV Placement	\$23	per procedure		\$0
Handheld Indirect Calorimetry	\$22	per procedure		\$0
ASA-24 Dietary Recall	\$11	per recall		\$0
Meal Transport	\$23	per procedure		\$0
Research Nursing Services (15 min)	\$19	per service		\$0
Research Coordinator Services (1 hour)	\$22	per service		\$0
	Total:			\$0

Service Dates (# Subjects):				
Service Date/s:				
Comments:				