

## Pediatric Children's Research Unit

DOC ID
<b>Version No</b>
<b>Effective Date</b>

## **Over Age Study Participants for Research Studies Form**

Date:		
Reason for including over age patients:		
Check list concerning Over Age Participants:		
$\square$ No subject over 45 years of age will participate in the st	udy.	
Ensure study participants will be healthy or be at low ris attack, stroke, seizure, a fall if handicapped, or other ac		
For those participants with diseases that place them at On-site by a Med-Peds resident or other qualified physic		
Name of physician who will cover for emergencies:		
Obtain approval and signature from Hospital Division Cl Le Bonheur for study participants who are over age.	hief where services will be performed at	
Approval signature of Division Chief:		
Submit the request form to include over-age participant Advisory Committee. Please send the completed form to 471R.		
Agree to complete and submit the Le Bonheur over-age are over-age.	e request form for individual participants who	
Agree to stop the study immediately if an acute untoware situation before proceeding further.	ard subject event occurs and evaluate the	
Principle Investigator/Sub Investigator Signature	Date	
PCRU Advisory Committee Approval	Date	