

CHRU RESERVATION REQUEST



All research occurring in the CHRU must be added to Children's of Alabama's Epic.

Requested Date (if multiple, list below): _____

PI Name: _____

Study (Short) Title: _____

Research Participant Identifier (no names or MRN): _____

Requested CHRU space(s)

- Triage
- Exam room(s). If more than 1, how many? _____
- Small meeting room
- Large conference room
- Lab (centrifuges, -20 freezer)

Start time – End time _____

Coordinator name + best phone while in CHRU _____

Date Reservation Request Submitted: _____

Email the completed form to [Misty Purser](#) and Cc [Sama Halima](#) for backup.

Additional visit information: