

Department of Pediatrics

HEERSINK SCHOOL OF MEDICINE

CHILD HEALTH RESEARCH UNIT (CHRU)
McWane Bldg 3301

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: