CHRU Reservation Request

Appointment Date:

Appointment Time Range:

Coordinator Name and contact information:

PI Name:

Study:

Participant Identifier (*do not list names or MRN*)

Will you need (yes, no, etc.)

* One or more exam rooms/a specific exam room?
* Triage area, small meeting room or conference room?
* Lab processing space and equipment?

Date Reservation Request Submitted:

Reservation entered by: