

Clinical Trial Patient Enrollment Form

TRIAL INFORMATION

Protocol Title			
Billing Study Name as set up in NextGen/Cerner:			
Protocol #			
Physician Name		NCT#	
Type of Study	Pharmaceutical	Cooperative (AL068)	
	Other		
	IRB #	SAMSF #	

CONTACT INFORMATION

Billing Department	
Billing Contact Name	
Billing Contact Phone	
Billing Contact E-mail	
Research Coordinator	
RC Phone	
RC E-mail	

Type(s) of Services Included in the protocol: Radiology Laboratory/Pathology Cardiographics (EKG/Echo) Other

RESEARCH SUBJECT/PARTICIPANT INFORMATION

Subject Name		Date of Enrollment	
DOB		Last 4 digits of SSN#	
Randomization #		MRN #	
FIN #			