

Participant Registry University of Louisville

Are you interested in participating in clinical trials?

By completing this form you give us permission to contact you when a clinical trial is available in the area you have indicated. Your information will be listed in a participant registry. Your name and contact information will only be released to investigators whose research has been reviewed by the University of Louisville Institutional Review Board (a review board which protects human subjects). If you wish to participate, but can not complete the form please ask a relative or friend to assist you and if you have any questions, please contact Steve Mahanes at 852-1388.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone numbers: _____ (home) _____ (cell)

Email address: _____

What is the best way to contact you (please check): Mail Email Home phone Cell phone

Age: _____ Gender (circle): Male Female

Please have a researcher contact me about clinical trials on the following topics (please circle):

Healthy Volunteers	Weight management	Asthma - Lung
Cancer	Pediatrics	Autism
Heart Disease/hypertension	Diabetes	Chronic pain
Movement Disorders/Parkinson	Vaccine studies (Peds & Adult)	Skin problems
Mental illness	Infectious disease/HIV	Kidney Disease
Neurology	Eye disorders	Sleep disorders
Multiple Sclerosis (MS)	Gynecology/Obstetrics	Dentistry
Seizures	Women's health	Diseases of the Elderly
Spinal Injury	Orthopedics	Autoimmune Disease
Stomach/Intestine/Liver	Alcohol/Drug abuse	Other: _____

Please mail the completed form, drop it in the box provided in the clinic, or give it to the group leader.

Clinical Trials Participant
University of Louisville
505 S. Hancock Street
CTR 511
Louisville, KY 40202

*The University of Louisville thanks you for making a contribution to the
advancement of medical discoveries and treatments.*