

## **CLINICAL TRIAL NOTIFICATION FORM**

Submission of this form will serve as notice of enrollment in a clinical trial. In addition to demographics, please provide documentation related to the clinical trial by email or fax.

Please email this form and clinical documentation to Intake@Preferredone.com\_or fax to (763) 847-4014.

PATIENT INFORMATION											
Patient Name	Patient ID #	# DOB		DOB							
Address											
City				State		Zip Code					
Phone	Email Address										
ORDERING CLINICAL TRIAL PROVIDER INFORMATION											
Requester Contact Name			Phone			Fax					
Ordering Provider Name				NPI#							
Address											
City				State	State Zip Code						
Phone	Fax		Email								
SERVICING PROVIDER INFORMATION											
Principal Investigator Name (First & Last)					NPI#						
Servicing Provider (Clinical Trial: Hospital/Clinic/Vendor) Name					NPI #						
Address											
City					•	Zip Code					
Phone	Fax		Email								

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Patient Name									
Patient ID #									
Diagnosis Code(s	i):								
Olivia da Trial Novembre									
Clinical Trial Num									
Clinical Trial Nam	e:								
Clinical Trial Phase conditions.	se that is co	nducted in r	elation to the	prevention, detection, or treatme	ent of cand	er or other			
Phase I	Phase II	Phase III	Phase IV						
Clinical Start Date	<b>&gt;</b> :			Clinical Trial End Date:					
s the member quali	fied to partici	pate in an ap	proved clinica	Il trail according to trial protocol?	Yes	No			
s the clinical trial fe	derally appro	ved or funde	d (which may	include funding through in-kind cont	tributions) l	ov one or			
more of the following		Yes	No	gg	,	,			
Select as applicable The Nationa		f Haalth (NIH	) which includ	des the National Cancer Institute (N	CI)				
		,	•	·	<i>31)</i>				
The Center for Disease Control and Prevention (CDC)  The Agency for Health Care Research and Quality (AHRQ)									
The Centers for Medicare & Medicaid Services (CMS)									
The Department of Defense (DOD)									
The Veterans Administration (VA)									
Cooperative group or center of any of the entities listed above.									
The Departr	ment of Energ	gy							
A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of									
Health	(NIH) for cer	nter support g	rants						
Other (spec	ify)								
When applicable, ch	noose one of	the following							
	r investigatio ug Administra		ed under an in	vestigational new drug application re	eviewed by	the Food			
The study or investigation is a drug trial that is exempt from having such an investigational new drug application.									