

RESEARCH ENCOUNTER NOTIFICATION FORM
INITIAL ENROLLMENT

This form must be faxed to the Center for Advanced Medicine 5 business days prior to the scheduled enrollment visit or within 24 hours of unscheduled enrollment.

Fax #: 587-4630

Date of Enrollment Service: _____ Total # Subjects Enrolled to Date: _____

Subject Name: _____ Subject Study #: _____

Address: _____

DOB: _____ SSN: _____ Medical Record Number: _____

Research Study #: _____ Study Title: _____

Physician Providing Services: _____

Research Enrollment Procedures: ≤ In-Patient Procedures ≤ Out-Patient Procedures

(Page #2 – Research Subject Encounter Notification Form must be completed in detail.)

All Enrollment Procedures Scheduled/Completed

Partial Enrollment Procedures Scheduled/Completed: (See comments.)

Comments: _____

Printed Name of Person Authorizing Services

Signature

Date