

TrialMatch Listing Request Form

Complete all sections of this form, then submit the completed form and any required supporting documentation to alztrialmatch@emergingmed.com. If you have questions about the listing request process, please call **877.769.4821**.

Date of submission:

Section 1: Information about the requestor

Requestor's name:

Telephone:

Email address:

Organization:

Requestor's position:

Section 2: Type of request

Is this a new study? (Yes or No)

Is this a new study site? (Yes or No)

Listing with TrialMatch requires IRB approval. Is the study IRB approved? (Yes or No)

If yes, please attach a copy of the IRB approval documentation.

Is the study governed by a Data Safety Monitoring Board (DSMB)? (Yes or No)

Is the study registered on clinicaltrials.gov? (Yes or No)

Section 3: Study identification number

Study name:

Official study title:

Target enrollment:

Protocol ID number(s) (please include as many as you know):

Name of study sponsor:

Name of principal investigator:

Phone number of principal investigator:

Study site name:

Study site address:

Contact name:

Contact email:

Contact phone:

Section 4: Study description

What type of study is this – (*Online/Phone Survey, Treatment, Diagnostic, Prevention, Quality of Life*)*?

**if online, please include a link*

Does this study require one or more site visits or can it be done entirely over the phone or online?

What is the primary question (hypothesis) being asked by this study?

Section 5: Eligibility

You could be eligible for this study if:

You may not be eligible for this study if:

Section 6: Treatment

Study schedule (*How many visits/sessions? How long are the visits? Time between visits?*)?

Study activities may include (*e.g. answering questions over the phone, receiving an infusion once a month, taking a medication by mouth daily, exercising twice weekly, using a device, etc...*):

Additional details (if any):