



ACADEMIC
DERMATOLOGY
ASSOCIATES

PATIENT INFORMATION FOR CLINICAL STUDIES

First Name _____ **Middle Initial** _____ **Last Name** _____

SS# _____ Date of Birth _____ Age _____

Home address _____ City _____ ZIP Code _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Employer _____ Occupation _____

Parent/Guardian Name (for minors) _____ Relationship _____

Contact in case of emergency _____ Phone _____

Where did you learn about this study? _____ Primary Physician's Name _____

I understand that I will be screened for a clinical study and can be excluded if I do not meet the criteria needed for entry. I will allow a visual inspection if indicated to determine that I have the condition to be studied. No study driven procedures will be performed until I have signed the informed consent. All information will be kept confidential in compliance with federal and state regulations and good clinical practices standards.

I will be given an informed consent prior to any procedures and after reading it I may ask as many questions as I need to understand the specifics about the study. My decision to participate can be delayed if I need additional time. I will receive a copy of the signed consent. The screening visit alone is performed at no cost and without reimbursement. Reimbursement for time and travel, if any, will be provided at my final study visit or thereafter and prorated depending of the number of visits completed, unless other arrangements are made and explained to me.

If enrolled in the clinical trial, I must adhere to the follow up schedule of visits and procedures. If I have questions during the study or thereafter, I am free to ask them. I also know that I can stop study participation at any time and will notify the office of my decision. If any changes occur in my health, medications, or address, I will notify the office. The study participation involves no cost to me. Costs of other treatments not study related are my responsibility.

Would you like to be contacted for future studies yes no **Email address** _____

Participant's Signature

Date

Parent/Guardian's Signature (For minors)

Date