FARA RESEARCHER REGISTRY COMMUNICATION & QUERY REQUEST

Date:

Submitting party:

Contact person: Email: Telephone:

Study Title:

Clinical Research:	YES	NO	
Clinical Trial:	YES	NO	
IRB approval:	YES	NO	Pending
IRB Approved Recruitment Notice:	YES	NO	Pending
Study listed on clinical trials.gov:	YES	NO	Pending

Inclusion/ Exclusion Criteria:

1.
2.
3.
4.
5.

Proposed date for patient registry announcement:

Preferred method of contact:	Email	Mail	Telephone
FARA website posting:	YES	NO	
FARA newsletter posting:	YES	NO	

Query request: Please list the following variables that you would like to be used for query criteria.
1.
2.
3.
4.

Internal Use:

Approved / Declined
Query criteria:
# of patients contacted:

Property of FARA