

FARA RESEARCHER REGISTRY COMMUNICATION & QUERY REQUEST

Date:

Submitting party:

Contact person:	Email:	Telephone:
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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
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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: