

CLINICAL TRIAL POSTING REQUEST FORM

Please fill out completely and submit to the Clinical Trials Office for posting.

- 1) Study Title: _____
- 2) Specialty Area: _____
- 3) Indication: _____
- 3) Drug Name: _____
- 4) Sponsor: _____
- 5) Enrollment Period: Start Date ____/____/____ to End Date ____/____/____

6) Brief Description of Study:

If you want this study posted on Centerwatch, the following information MUST be included:

- 7) Study Phase (check one): Phase I ____ Phase II ____ Phase III ____ Phase IIIb/IV ____
- 8) Is this study listing IRB approved (attach documentation)? Yes ____ No ____
- 9) Patient Inclusion/Exclusion Criteria (please tailor for patient's understanding)

Contact Person for this study:

Name: _____ Title: _____

Center Name: University of Nebraska Medical Center (UNMC)

Phone: _____ Fax: _____ Email: _____

Please specify the dates you want this study posted: From ___/___/___ to ___/___/___

If you need the study posted for an extended period after this date, notify the CTO to obtain an extension.

All studies listed on the CTO website can also be posted on the Centerwatch Clinical Trials Listing Service **FREE OF CHARGE** to you. Please indicate below your preference for listing this trial on Centerwatch.

_____ Yes, Please list this trial information on the Centerwatch Clinical Trials Listing

_____ No, I do not want this trial listed on Centerwatch.

You can print this form, complete it and FAX it to 402-559-2957 or you can go back to the previous page and choose the on-line form and send it electronically to the Clinical Trials Office.