

**Tufts Medical Center Clinical Research Center**  
**Study Subjects Recruitment Form**

If you would be interested in participating in a clinical study, please complete the form below. Your information will be entered into our recruitment database and forwarded to the study coordinator of any study for which you might qualify. The study coordinator will then contact you with information about the study and determine whether you are eligible to be screened for that study. Thank you for your interest in participating in a clinical study.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s) where we could contact you: \_\_\_\_\_

Please check any kinds of studies in which you would like to participate:

A. Studies of specific illnesses or conditions. Please check any of the ones listed below that you have been diagnosed with.

<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma/Hay Fever	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Anemia	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Nervous Condition	<input type="checkbox"/> Fainting Spells/Seizures
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Arthritis	<input type="checkbox"/> HIV/AIDS or
<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Liver Disease
<input type="checkbox"/> Stomach Ulcers	<input type="checkbox"/> Hepatitis/Jaundice
<input type="checkbox"/> Addiction or Drug Dependency	<input type="checkbox"/> Major Mental Illness

B. Studies for "normal" subjects (ie. those with **no** diagnosed illnesses)

C. Would you like to be contacted about an outpatient study?

Yes      No

D. Would you like to be contacted about an inpatient study that requires an overnight stay?

Yes      No

E. Have you ever participated in a clinical study?

Yes      No

F. Would you like your contact information to be given to other investigators in the Tufts-NEMC campus who conduct clinical studies?

Yes      No

Signature \_\_\_\_\_

Date: \_\_\_\_\_