National Multiple Sclerosis Society
Arizona Chapter

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CLINICAL TRIALS APPLICATION

Name: _____

Email Address: _____

Institution: _____

Date information provided: _____

Agent: _____

Study Title: _____

Study Phase: _____

Dose (include frequency and schedule): _____

_____

Route (oral; subcutaneous; intramuscular; intravenous; intrathecal; intraventricular): _____

Start Date: _____ Proposed End Date: _____

Period of Observation: _____

Trial Institution(s): _____

_____

Trial Investigator(s): _____

_____

Type of MS studied (acute attack; relapsing-remitting; primary progressive; secondary progressive; progressive relapsing; all progressive; clinically isolated syndrome; symptomatic treatment):

_____

Specify Treatment of Each Study Arm (e.g., Rx/PBO; dose 1, dose 2, pbo, etc):

_____

_____

Type of Control (e.g., open; controls untreated; placebo; longitudinal; uncontrolled series of few patients; crossover): _____

Number of Patients in each group: _____

Inclusion and exclusion criteria: _____

_____

Blinding (none; examining MD blind; patients blind; double blind):

_____

Outcome Parameters (duration of attack; frequency of relapse; scoring technique, e.g., EDSS, MSFC, NRS, etc.; cerebrospinal fluid studies; evoked potentials; imaging techniques): _____

_____

Trial Funding: _____

Does study cover all costs in regard to research? _____

What costs are billed to patients? _____

Publications: _____

Is this study listed on www.clinicaltrials.gov (yes or no)? _____

If yes, please provide the ClinicalTrials.gov Identifier: _____

_____

Is this study still recruiting patients (yes or no)? _____

If you are still recruiting patients, may we provide contact information in our web section and monthly newsletter under Trials Recruiting Patients (yes or no)? _____

If so, provide a name and ONE preferred mode of contact (phone number, fax number, or e-mail address) for public's use:

Please let us know when the trial closes, so that we can remove this information.

Please return application to:
Attn: Clinical Trials Application
Programs & Services Department
National MS Society, Arizona Chapter
Phone: (480) 968-2488 ext. 21223
Fax: 480-966-4049
E-mail: info@aza.nmss.org