

Email/Fax Template for Clinical Trials Interest Form

Date _____
Clinical Coordinator Name _____
ALS Clinic Name _____
City, State, Country _____

Dear _____ [Clinical Coordinator Name],

I have a confirmed diagnosis of ALS and am interested in screening for the _____ [Trial Name] trial at your research center. I know your time is valuable, so I have included my health information that is typically requested in ALS trials with the hope of being pre-screened quickly and considered a good candidate for the trial. Please let me know if any additional information is required, including specific medical records, lab testing, doctor's notes, etc. and I will ensure that you receive this from me or my neurologist's in-office team.

If I do not qualify for this trial, could you or another member of your research team reach out to me and discuss other trials and expanded access opportunities you are working on?

Thank you for your time and consideration,

_____ [Your Name]

Name: _____

Date of birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Neurologist: _____

Clinic: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Onset of symptoms associated with ALS occurred (month/year) Date:

Diagnosis Date: _____

Part of the body where symptoms first occurred: _____

ALSFRS-R Most recent Score and Date: _____

FVC/SVC scores/date: _____

Currently using feeding tube: Yes No

Ability to safely swallow pills and liquids: Yes No

Family history of ALS: Yes No Unknown

Genetic testing result and name of lab if known:

Current ALS medications: Riluzole: Yes No

Start date

Radicava: Yes No

Start date

Nuedexta: Yes

No Start date

Other current medications/supplements:

Dependence on invasive mechanical ventilation: Yes No