



COT Database Recruitment Request

Date of Request: _____ IRB number (if applicable): _____

Name of Study: _____

Principal Investigator: _____

Submitted by: _____

Purpose of Study:

Number Patients Needed: _____ Recruitment period: _____ to _____

Major inclusion/exclusion criteria

Inclusion:

Exclusion:

Number of patients that meet the above criteria: _____
(per feasibility search by Purnima Guda, PhD or other means)

Do you plan to use email, phone calls, or letters? (Include scripts with request)

Email Phone calls Letters

Describe your proposed recruitment approach:

Please return document to LuAnn Larson llarson@unmc.edu 402.559.8555

For CRC staff use only:

Approver's

Signature: _____ Date: _____

Associate Vice Chancellor of Research