Clinical Trial Notification Form

Submission of this form will serve as notice of enrollment in a clinical trial. In addition to demographics, please provide documentation related to the clinical trial by mail or fax. Please contact Customer Service at 866.631.5404 if there are questions.

Return completed form and clinical documentation to: Aspirus Health Plan, Attn: Medical Management, PO Box 1890, Southampton, PA 18966 or Fax to 763.847.4014.

PATIENT INFORMATION

Patient Last Name	Patient First Name	Member ID	Patient Date of Birth

Address	City	State	Zip Code

Email Address	Phone Number

ORDERING CLINICAL TRIAL PROVIDER INFORMATION

Requester Contact Name	Phone Number	Fax Number

Ordering Provider Name	NPI

Ordering Provider Address	City	State	Zip Code

Ordering Provider Email Address	Phone Number	Fax Number

SERVICING PROVIDER INFORMATION

Principal Investigator Name	NPI

Servicing Provider Name *(Clinical Trial: Hospital/Clinic/Vendor)*	NPI

Servicing Provider Address	City	State	Zip Code

Servicing Provider Email Address	Phone Number	Fax Number

Diagnosis Code(s):

Clinical Trial Number	Clinical Trial Name	Clinical Trial Start Date	Clinical Trial End Date

Clinical Trial Phase that is conducted in relation to the prevention, detection, or treatment of cancer or other conditions.

☐ Phase I ☐ Phase II ☐ Phase III ☐ Phase IV

Is the member qualified to participate in an approved clinical trial according to trial protocol? ☐ Yes ☐ No

Is the clinical trial federally approved or funded (which may include funding through in-kind contributions) by one or more of the following entities?

☐ Yes ☐ No

Select as applicable

- ☐ The National Institutes of Health (NIH), which includes the National Cancer Institute (NCI)
- ☐ The Center for Disease Control and Prevention (CDC)
- ☐ The Agency for Health Care Research and Quality (AHRQ)
- ☐ The Centers for Medicare & Medicaid Services (CMS)
- ☐ The Department of Defense (DOD)
- ☐ The Veterans Administration (VA)
- ☐ Cooperative group or center of any of the entities listed above
- ☐ The Department of Energy
- ☐ A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health (NIH) for center support grants"
- ☐ Other *(specify)* _____

When applicable, choose one of the following

☐ The study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA).

☐ The study or investigation is a drug trial that is exempt from having such an investigational new drug application.