Del Sol Research Management
6369 E Tanque Verde Rd, Suite 200
Tucson, AZ 85715
Phone: 520-257-3881
Fax: 520-844-1110

Clinical Trial Interest Form

You understand the information that you provide will be maintained in a Del Sol Research Management, LLC database. We will use the contact information you provide to contact you about upcoming studies or to provide you information about a current study in which you are enrolled. We will share your basic contact information with third parties that will send notifications to you on our behalf. All parties will use and access your basic information confidentially. This will be done in accordance with applicable laws or regulations. Your medical information will only be used to see if you qualify for upcoming studies, but will not be supplied to a third party.

If at any time you wish to stop all contacts, you can call us at 520-257-3881

☐ **I understand and Agree**

Indications:

Symptoms and indications of interest:

☐IBS	☐Vomiting	☐Birth Control	☐Depression	☐Enlarged Prostate	☐Sinus	☐Addiction
☐Constipation	☐Abdominal Pain	☐Vaginal Dryness	☐Anxiety	☐Fatigue	☐Obesity	☐Arthritis
☐Diarrhea	☐H-Pylori	☐COPD	☐Ulcerative Colitis	☐Weight Loss	☐Smoker	☐Acid Reflux
☐Hemorrhoids	☐Anemia	☐Bronchitis	☐High Blood Pressure	☐Acne	☐Medical Marijuana	☐EOE
☐Crohn's	☐Osteoarthritis	☐Asthma	☐Migraine	☐Headache	☐Cardiovascular	☐Ulcer
☐Gastroparesis	☐Cholesterol	☐Hepatitis	☐Urinary Tract Infection	☐Allergies	☐Chest Pain	☐Carpal Tunnel
☐Nausea	☐Diabetes	☐Insomnia	☐Women's health	☐Anal Fissure	☐Pain	☐Low sex drive
☐_____	☐_____	☐_____	☐_____			

First Name: _____Last Name: _____DOB:_____

Address:_____ZipCode:_____

Primary Phone: _____Alternate Phone: _____

Best time to call: _____E-Mail_____

Patient Signature: _____Date:_____