

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: Integrated Health Services, PO Box 1062, Minneapolis, MN 55440 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 <i>(Clinical Trial: Hospital/Clinic/Vendor)</i>			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.			
<input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Phase IV			
Is the member qualified to participate in an approved clinical trial according to trial protocol? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Select as applicable <ul style="list-style-type: none"> <input type="checkbox"/> The National Institutes of Health (NIH), which includes the National Cancer Institute (NCI) <input type="checkbox"/> The Center for Disease Control and Prevention (CDC) <input type="checkbox"/> The Agency for Health Care Research and Quality (AHRQ) <input type="checkbox"/> The Centers for Medicare & Medicaid Services (CMS) <input type="checkbox"/> The Department of Defense (DOD) <input type="checkbox"/> The Veterans Administration (VA) <input type="checkbox"/> Cooperative group or center of any of the entities listed above <input type="checkbox"/> The Department of Energy <input type="checkbox"/> A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health (NIH) for center support grants” <input type="checkbox"/> Other <i>(specify)</i> _____ 			
When applicable, choose one of the following			
<input type="checkbox"/> The study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA). <input type="checkbox"/> The study or investigation is a drug trial that is exempt from having such an investigational new drug application.			