MICHIGAN CENTER FOR SKIN CARE RESEARCH
PARTICIPATING IN A CLINICAL RESERCH STUDY

- Thank you for your interest in a clinical research study through Michigan Center for Skin Care Research. Your participation - provides an opportunity for you to access investigational treatment options before they become widely available; allows you to play an active role in your own healthcare; and provides the sense of satisfaction to help other people who share your condition.

- The role of the site staff is to check your health at the beginning of the clinical study, provide specific instructions and guidance for what to do during the course of the study, watch over your health throughout the study and to make sure that the study protocol is followed.

- Based on your condition, some clinical trials involve more diagnostic tests, visits, or questionnaires than you might not initially expect. These tests, visits and questionnaires help the site staff, and the sponsor of the trial, assure that your health and safety are monitored as well as collect valuable information to help drive the investigational drug to market.

- Subjects in a clinical research study may be asked to elaborate on related health conditions which may make you feel vulnerable. We can assure you all of the information obtained during a clinical research study is kept secure and is shared with only those in relation to the sponsor of the clinical study. You as a subject are identified by your initials and a number that is assigned via a computer.

- Your participation is completely voluntary. If you decide to enroll in a study, you are free to leave the trial at any time for any reason.

For more information, please visit:
www.skincareresearch.com
or call us at (586) 286-7325

DISEASE: _____ **SKIN CARE RESEARCH REGISTRATION FORM** **SCR SCREEN #:** _____

MAILCHIMP: _____ **PATIENT #:** _____

MIDWEST PHYSICIAN: _____

Name: _____ _____ _____
Last First Middle

Preferred method of contact: □ Phone Call □ Text □ Email

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA):

We may review your database medical records occasionally to determine whether you may be eligible to participate in certain research studies. Only our clinicians, employees or other members of our workforce will review your medical record. None of your protected information will be disclosed to third parties without your specific authorization. We will contact you by email, text message, mail or any other form of recruitment.

I acknowledge that I have received a copy of the Dermatologists of Central States Notice of Privacy: Version - August 25, 2021.

Subject Signature: _____ **Date** ____/____/____

Parent/Guardian Signature: _____ **Date** ____/____/____
(Signature required if subject is less than 18 years of age)

Address (if different than patient's): _____

Home Phone #: _____ **Work Phone #:** _____ **Cell Phone #:** _____

RESEARCH INFORMATION:

HOW DID YOU HEAR ABOUT US? _____

- **Are you currently participating in any research studies?** □ Yes □ No
- **Have you participated in any previous research studies with Skin Care Research?** □ Yes □ No
- **Would you like to receive text messages and emails about future studies?** □ Yes □ No
- **I wish to remain in the Skin Care Research database for future studies:** □ Yes □ No

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MIDWEST PHYSICIAN: _____

Name: _____ _____ _____
Last First Middle

MEDICAL CONDITIONS / SURGICAL HISTORY:

Please list all medical conditions that you have and any surgeries that you have had done with the approximate start date.

Medical Condition / Surgical History	Approximate Start Date

SMOKER / ALCOHOL / RECREATIONAL DRUGS:

Do you smoke/vape? □ Yes □ No If yes, what?_____ How often?_____ Start date?_____

Do you drink alcohol? □ Yes □ No If yes, how often: _____

Do you use recreational drugs? □ Yes □ No If yes, what?_____ How often?_____

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MIDWEST PHYSICIAN: _____

PRESCRIPTION MEDICATIONS / OVER THE COUNTER MEDICATIONS – VITAMINS – SUPPLEMENTS:

Please list all oral, injectable, topical medications, vitamins & supplements.

Medication	Reason for taking	Dose	How often?	Approximate Start Date