



PRE-SCREENING INFORMATION SHEET

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home: _____ Work: _____

Person to contact in emergency: _____

Relationship: _____

Phone: _____

I UNDERSTAND THAT I/MY CHILD MAY HAVE ANY OF THE FOLLOWING PROCEDURES PERFORMED IN ORDER TO DETERMINE QUALIFICATION FOR PARTICIPATION IN A STUDY INVOLVING AN INVESTIGATIONAL MEDICATION

1. Skin testing, involving a small prick to the surface of the skin, may cause redness, itching and swelling at the site and may possibly continue up to 24-48 hours. Shortness of breath, pulse variations and skin eruptions such as hives are rare.
2. Blood pressure readings.
3. Lung function testing.
4. Electrocardiogram (measurement of electrical impulses of the heart).

There may be the need for additional procedures which are not known at this time.

The above procedures are pre-screening items and do not indicate acceptance into any of our studies. These procedures are free of charge and you will receive no compensation unless accepted into a study.

I have read and understand the above information and give my permission to Sylvana Research to perform the pre-screening procedures as explained above.

Patient or Legal Guardian Signature

Date