

FACSIMILE TRANSMISSION

*RESEARCH PATIENT NOTIFICATION*

**To:** Dana Nelson  
Novant Clinical Research Institute  
Phone: 336.718.5812  
Fax to: 336.277.9960 or  
Save and email to: [NCRI@novanthealth.org](mailto:NCRI@novanthealth.org)

**From:**  
Person completing form:  
Phone:  
Fax:

**Date:**

***Confidential***  
**Research Patient Information**  
**Attached**

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**Novant) HEALTH®**
  
**CLINICAL RESEARCH INSTITUTE**

*Research Patient Notification*

*Part 2*

*(confidential)*

Initial Visit		
Patient:	DOB:	MR#:
SSN:	Room (if known):	
Date Enrolled:	Investigator:	
Protocol:		
Research Site:	Submitted by:	
Details:		
Follow Up Visits		
Location of Visit:		
Date of Visit:	Time of Visit:	
Billing of Charges:    All Charges to Research Site    Split billing as below		
Items to charge to site:		
Account to charge (research site/Investigator):		
Contact person:	Phone:	
Details:		