

# Clinical Research Volunteer Registry

Thank you for your interest in volunteering for research studies at the University of New Mexico's Clinical and Translational Science Center. Fill out and submit this form to volunteer for possible participation in any research study, now or in the future.

**Filling out this form in no way obligates you to participate in any study.** It informs researchers of your interest and provides them necessary information to match your profile with the needs of a particular study. The researchers will then contact you directly by phone or e-mail assessing your interest and suitability for a particular study. Participation in clinical research studies is voluntary, and requires visits to the University of New Mexico's Clinical and Translational Science Center in Albuquerque, New Mexico.

You may **modify or withdraw** your information at any time by following the directions listed on the last page of this document.

**A parent or legal guardian may enter information on behalf of a minor** (child less than 18 years of age). **However, all contact information** (Guardian's name, address and phone number) **must be completed with the parent or guardian's information.**

**Please include participants\* contact information below**

FirstName: \_\_\_\_\_ Middle \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Yr: \_\_\_\_\_ Gender :(circle one) Male Female

Participant's Height: Feet: \_\_\_\_\_ Inches: \_\_\_\_\_ Participant's Weight (lbs): \_\_\_\_\_

(If completing form for a minor)

Parent/Legal Guardian's Name (first/last): \_\_\_\_\_

Street Address \*: \_\_\_\_\_

City:\* \_\_\_\_\_ State:\* \_\_\_\_\_ Zip:\* \_\_\_\_\_

Preferred Phone Number:\* \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Many trials enroll healthy volunteers as 'control' subjects. Are you in good general health, with no chronic medical conditions? \***

Yes - I am in good health (without chronic medical conditions)

No - I currently have a medical condition

## Optional Information

The remaining fields are **not required, but may prove helpful** in screening your information for potential study matches.

Race: (Select all that apply)

American Indian or Alaska Native     Asia     Black or African American  
 Native Hawaiian or Other Pacific Islander     White or Caucasian     More than one race

Ethnicity: (Select one)     Hispanic/Latino     Non-Hispanic/Non-Latino

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Please use this space to list conditions or diseases a doctor has told you that you have. This information is optional, but providing it may help researchers match you with studies that fit you personally.

Please include any additional comments here:

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Are you updating information that you previously provided? (circle one)    Yes                      No

Would you like to be removed from this registry? (circle one)    Yes                      No

Are you giving us a phone/verbal consent? (circle one)    Yes                      No

( A copy of the consent was mailed to the patients:    Yes (date):                      No (reason):

## Confidentiality, Privacy of Health Information and Consent

By submitting this form, I am allowing my/my child's personal information to be stored in a password-protected database with limited access. My/my child's information will be used to determine possible eligibility for participation in a research study through UNM. I understand that enrollment into a research study will be based on 1) My desire to participate and 2) Meeting eligibility criteria, and 3) At the discretion of the Principal Investigator.

I authorize UNM CTSC to share my/my child's information that has been provided, to principal investigators or their designated research staff, only within the UNM CTSC, and only after they have obtained proper permission from UNM's Human Research Protection Office. My/my child's information will not be shared with anyone outside of the UNM CTSC.

I also agree to be contacted by the UNM CTSC to determine my continued interest in my/my child's participation as this consent expires 10 years from today's date. Authorization may be revoked by me at any time by any of the following methods:

**By writing to:**

Mark Burge M.D.  
Clinical and Translational Science Center  
MSC10-5540  
1 University of New Mexico  
Albuquerque, New Mexico 87131-0001

**By email to:** [ctsc@salud.unm.edu](mailto:ctsc@salud.unm.edu)

_____	_____	_____
Name of Subject (Printed)	Signature of Subject	Date
_____	_____	_____
Name of Person Obtaining Consent	Signature	Date