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**Clinical Trials: Clinician Information Sheet**

***{Insert Study Title}***

Your participation in this clinical trial evaluating *{insert general purpose}* is greatly appreciated.

**Study contact person** *{Insert name, telephone, email of principal investigator}*

*{Indicate whether the investigator needs to speak with clients directly prior to enrollment into the study}*

**Study Summary & Objectives**

This study will investigate {insert study summary}.

The study objectives are to {insert objectives}.

Client consent forms, and study information sheets can be found *{insert location}.*

**Sample size to be recruited:** *{number}* over *{insert timeframe}*

**Eligibility & Enrollment:**

*{List relevant inclusion criteria – including required diagnostics prior to enrollment, concurrent medications allowed & how they should be reported}*

**Exclusion criteria:**

*{List relevant exclusion criteria – including concurrent diseases, age restrictions, concurrent medications not allowed}*

**Study Implementation**

*{Include samples required, sample collection protocols and schedule, sample processing and storage, who to contact to pick up samples. Provide sample checklist with brief instructions}*

*{If specific sample storage containers, indicate where these can be obtained}*

*{Indicate if there are specific sample storage conditions and a specific storage site – e.g., certain fridge or freezer, tissue fixative etc.}*

*{Indicate if a post-mortem examination is required or encouraged by the study investigators}*

*Example sample collection checklist:*

*1 red top serum tube (~2ml blood) upon admission – separate serum and store in fridge; email Dr. \_\_\_ for pick-up.*

*1 EDTA tube (~2ml blood) upon admission - store in fridge*

*1 free-catch urine sample upon admission.*

**Adverse Events**

*{Include expected AEs, recommended management strategies including what is/is not permitted by the study, how to report AEs}*

**Financial or other benefits:**

*{Outline study incentives here – be specific, e.g., is the study covering the cost of a medication and for how long, are the appointment fees covered, etc}*

*Indicate which costs are associated with the study. Indicate research account number to which covered fees are charged.*

*Indicate costs to owner ,e.g. diagnostic tests, ,and if costs related to adverse events are covered by the study}*

**Appendices:** *{Include any specific protocols for sample collection, handling, processing, etc.}*