

## Clinical Trial Interest Form

### Patient Information

NAME

ADDRESS

CITY/STATE/ZIP

### Contact Information

PHONE NUMBER

BEST DAY(S) TO CALL

BEST TIME OF DAY: MORNING/AFTERNOON

### Medical Information

YES NO

Have you been told that you have anemia?

**If yes,** are you taking medication (by mouth or injection) for it?

Have you had a biopsy to determine the type of kidney disease you have?

Are you on dialysis?

WHAT TRIAL ARE YOU INTERESTED IN GETTING MORE INFORMATION ABOUT?

Send