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| **Voicemail** |
| Hello, my name is [Your Name] and I’m calling from the UCI Center for Clinical Research. I’m calling regarding a referral we received that someone at this number is interested in a clinical trial we have. If you or someone you know if still interested, please give us a call back at [Phone Number], again that’s [Phone Number] at your earliest convenience.  Thank you and have a great rest of your day! |

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| **Introduction**  **(Received Call)** | |
| Thank you for calling. This is [Your Name], how may I help you? Are you calling regarding a research study?  First, may I have your name and phone number in case we get disconnected? | |
| **Introduction**  **(Returned Call)** | |
| Hello, may I speak to [Potential Participant Name] please?  (ONLY speak to potential subject) | |
| **If potential participant** | **Proceed** |
| **If not the potential participant** | My name is [Your Name], and I’m giving them a call in regard to a research study\* they were interested in. If they’re still interested, they can call me back at [Phone Number]. Thank you!  \*Important to not mention which research study |
| Hi, [Potential Participant Name], my name is [Your Name] and I’m calling from the UCI Center for Clinical Research. I’m giving you a call in regard to a referral we received that you may be interested in participating in a clinical trial. | |
| **If they remain interested** | **Proceed to Study Introduction** |
| **If no longer interested** | Thank you for your time, we will remove you from out database. Please feel free to give us a call back if you change your mind and have a great rest of your day! |

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| **Study Introduction** | |
| Great! The UCI Center for clinical research is a centralized research operation at UCI driven to improve the health and wellness of people in Orange County and the world by providing lifesaving clinical trials designed to strengthen and accelerate the pathway of discovery from the medical laboratory to you.  We’re currently screening potential research volunteers and participants for possible participation in a variety of clinical trials.  If you remain interested and have time right now, I can start the process by asking you a series of confidential questions about your personal health and present condition. This is to determine if you meet the initial criteria for a study.  Please note, you do not have to answer anything you are uncomfortable answering, we completely respect your privacy, and the information you provide will only be used to determine eligibility for studies at the UCI Center for Clinical Research. We will not share any personal health information without your permission and your participation is completely voluntary so you can stop at any time.  **Do I have your permission to proceed?** | |
| **If YES** | Proceed to Pre-Screening Questions |
| **If NO** | Thank you for your time today, we will remove you from our database. Please feel free to give us a call back if you change your mind and have a great rest of your day! |

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| **Pre-Screening Questions** | |
| **1.** | First, how did you hear about us or the study (E.g., TV, online, doctor, referral, radio, etc.)\*?  \*Follow-up questions to confirm which specific referral source (E.g., specific radio station, online media group name, referring clinician name, etc.) |
| **2.** | May I please confirm the spelling of your first name, last name, and middle initial? |
| **3.** | May I please confirm your phone number?   1. Is this a cell phone?    1. If yes: would you like us to send you any reminders and/or updates via text? 2. Is there a time of day that works best to get in contact with you? |
| **4.** | What city do you live in?   1. Would you have transportation to our research center? |
| **5.** | Do you have an email address (Confirm spelling)?   1. Do you prefer contact via email? 2. Would you like to receive our quarterly newsletter or updates on study openings? |
| **6.** | May I please have your age and Date of Birth? |
| **7.** | What is your approximate height and weight? |
| **8.** | Are you a UCI Health patient?   * 1. If not: would you be willing to sign a medical record release form if needed for a study? |
| **9.** | What type of study are you interested in?   1. Do you have a formal diagnosis or just symptoms? 2. How long have you been diagnosed or experiencing symptoms? |
| **10.** | Are you currently taking any medications?   * 1. For each med: What dose are you taking and how long have you been taking this medication? |
| **11.** | Have you used any drugs or illegal substances in the past month?   * 1. If yes: May I please ask what it was, and how long ago your last use was? |
| **12.** | Do you have any other medical illnesses (E.g., insomnia, diabetes, high blood pressure, high cholesterol)?   1. If yes: What medical illness, how long have you had it, and any medications taken for it? |
| **13.** | Have you had any surgeries and/or medical procedures performed in the past?   1. If yes: what procedures, how long ago was it done, and any ongoing complications from it? |
| **14.** | Have you had any hospitalizations and/or ER visits in the past?   1. If yes: What was the hospitalization/ER visit for, when was it, and how long was the stay for? |
| **15.** | Do you know of any abnormal lab values you may have (E.g., hepatitis, HIV, etc.)? |
| **16.** | Have you ever participated in a research study in the past?   1. If yes: What was the research study for and how long ago was your participation? |
| **17.** | If necessary for a specific study, are you open to overnight stays? |
|  | \*\*Addendums for study-specific IE???\*\* |

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| **Conclusion** | |
| Thank you for your time! That concludes the preliminary eligibility questions. We will discuss your case internally to further determine your eligibility and get back in contact with you to let you know if we can schedule your first appointment.  Regardless of this outcome, we will be conducting other clinical trials in the future. Would you like to remain in our database and be contacted for future studies? | |
| **If YES** | Okay great, we will keep your information in our database for future studies as well. Thank you so much for your time and have a wonderful rest of your day! |
| **If NO** | Okay no problem. If you do not qualify for any of our current studies, we will go ahead and destroy your information immediately. so much for your time! |
| **If patient consents to have information retained, all pre-screen information must be logged into RealTime.** | |