

Help us select trials that best fit our patients' needs and interests by filling out this form indicating if you would be interested in participating in a clinical trial with the St. Lawrence Health System (SLHS).

Your participation in this questionnaire is voluntary. You may quit at any time without clicking submit and your answers will not be saved. Once submitted, your personal information will be kept in a secure location and will not be shared with anyone outside of SLHS. If at any time you would like your submitted response removed from our records, please reach out to Caryn Harrington, Clinical Research Assistant, at (315) 261-6311 or charrington@cphospital.org. Thank you.

1. Would you be interested in participating in a clinical trial? Yes No Maybe

2. Which therapeutic area(s) would you like to see clinical trials become available at St. Lawrence Health System (select all that apply)?

- | | |
|----------------------|-----------------------|
| Allergy & Immunology | Ophthalmology |
| Behavioral Health | Orthopedics |
| Cardiology | Otolaryngology (ENT) |
| Dermatology | Pain Management |
| Endocrinology | Physical Therapy |
| Family Health | Podiatry |
| Gastroenterology | Primary Care |
| Infectious Disease | Pulmonology |
| Neurology | Rheumatology |
| OB/GYN | Other (Specify below) |
| Oncology/Hematology | _____ |

3. Do you have a specific disease/condition in mind for which you would like to see a clinical trial offered? (List all that apply. Example: Heart Failure, Diabetes, Breast Cancer).

4. Would you be interested in attending an educational talk/discussion about clinical research?

Yes No Maybe

5. Do you have any questions? Write any questions that you have for the research department, and if you provide your contact information below, a team member will reach out to you.

6. Contact Information: If you have any questions, or would like to be contacted if we open a trial in an area that you specified above, please provide your contact information:

First and Last Name _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____