

Research Recruitment Application Form



Official Title of Study

Shortened Name of Study (if applicable)

Type of Study (Select One)

Clinical Trial Phase (if applicable)

Age Range (Select One)

Ataxia Types Eligible

Study Information

Study Sponsor :

Lead Principal Investigator :

Location Name :

Street Address :

City : State :

Email Address (For NAF Use) : Phone :

Are there additional sites? YES NO

If yes is selected, please submit a list of sites with the NAF contact person and patient contact information for each site.

Study Details

Contact Information for Interested Participants

Contact 1 Name

Contact 2 Name

Contact 1 Email

Contact 2 Email

Contact 1 Phone

Contact 2 Phone

Will there be financial compensation?
 YES NO

If yes, how much?

Will there be travel reimbursement?
 YES NO

If yes, how much?

ClinicalTrials.gov Link or Identifier#

■ Recruitment Information

Lay Summary Descriptions - Please provide 2-5 sentences per prompt

1. What is the goal/purpose of the study?

2. Who is eligible?

3. What does participation in the study entail?

4. Potential benefits for participants? Potential risks for participants?

Link to enroll :

IRB Approval # :

Would you like to attach an informational flier, a video, or another link for this study? YES NO

Do you plan to add more sites in the future? YES NO

Study Start Date : Estimated Study Completion Date :

• Which Recruitment Type Are You Requesting? (select all that apply)

WEBSITE LISTING EMAIL SOCIAL MEDIA WEBINAR*

Term & Conditions

1. Complete all questions on this form to submit your request for recruitment through NAF communication channels.
2. If approved, study information will be removed from the NAF website at the estimated study completion date unless you contact us to extend your listing.

* You must provide a representative of your study as a webinar cohost if you wish to offer an informational webinar.

Submit your completed form to research@ataxia.org

Signature Of Principal Investigator