**LETTER FOR SUBJECTS – EMERGENCY CONTACT INFORMATION**

Dear Research Participant:

As a participant in a clinical trial conducted by LSUHSC-NO, we want to assure that you can maintain contact with the Principal Investigator and/or research staff should an evacuation from New Orleans be required. Maintaining contact may allow the study team to continue providing you with your study drug and/or to provide information about your participation in the trial to other health care professionals at your site of evacuation.

To aid in this purpose, the study team have provided Emergency Contact Information below. Upon contact with the team, please leave your name, the name of the physician conducting the clinical trial in which you participate, and a contact telephone number where you can be reached. Also, please inform anyone who may answer the phone at your place of evacuation that you may be called by LSUHSC-NO in regard to your medical condition and your participation in a clinical trial.

Please have this letter and/or the wallet sized card handy so that you have all necessary information needed to help the study team determine the best strategy for your continued medical care.

|  |  |
| --- | --- |
| **Principal Investigator Name:** | <*insert PI Name*> |
| **Phone Number:** | <*insert Phone Number*> |
| **Email Address:** | <*insert email Address*> |
| **Sponsor:** | <*insert Sponsor Name*> |
| **Study ID:** | <*insert Study ID*> |
| **Site #:** | <*insert Site Number*> |
| **Participant #:** | <*insert Participant ID Number* > |

**REMEMBER CALL THE NUMBER LISTED ABOVE AS SOON AS POSSIBLE AFTER REACHING YOUR EVACUATION LOCATION.**

Thank you for your cooperation. We, of course, hope that none of this will be necessary and that we all have a safe hurricane season this year.

Sincerely,

<*insert PI Name*>

Principal Investigator