**Instructions for Completing Emergency Cards**

**to be Given to Active Participants**

**Stepwise instructions:**

1. In the top, left corner card of page 2, replace the underlined text with the principal investigator’s name, phone number and email address. **DO NOT REPLACE OR DELETE ANY EMPTY SPACES OUTSIDE OF THE UNDERLINED TEXT.**
2. For the top, center card on page 2, select together the text “Principal Investigator Name”, “Phone Number” and “Email Address”. Right click the selected text and then click **Update Field**. The fields will be updated with the information entered in the top, left corner card.
3. Repeat step 3 with the remainder of the cards on page 2.
4. In the top, left corner card of page 3, replace the underlined text with the Sponsor’s Name, Study ID and the Performance Site. **DO NOT REPLACE OR DELETE ANY EMPTY SPACES OUTSIDE OF THE UNDERLINED TEXT.**
5. Select **ALL** of the text on page 3, right click any selected text and then click **Update Field**. All the **Sponsor Name, Study ID** and **Site** fields will be updated with the information entered in the top, left corner card.
6. Print pages 2 & 3 selecting “Print on Both Sides”.
7. Cut the cards along the dotted lines.
8. Write the Participant # on the back of individual cards.

If you have any questions regarding the template, please reach out to the Office of Research Services at 504-568-4970 or [IRBOffice@lsuhsc.edu](mailto:IRBOffice@lsuhsc.edu).

A picture containing graphical user interface

Description automatically generatedIN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**



IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**



IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

IN THE EVENT OF AN EVACUATION, CONTACT:

**Principal Investigator Name**

**Phone Number**

**Email Address**

**Sponsor:**  **Sponsor Name**

**Study ID:**  **Study ID**

**PI:** **Principal Investigator Name**

**Site:**  **Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**

**Sponsor: Sponsor Name**

**Study ID: Study ID**

**PI:** **Principal Investigator Name**

**Site: Site**

**Participant #:**

*If you are unable to contact your physician, please call the Office of Research Services at:* **504-568-4970**