ALERT - CLINICAL TRIAL PARTICIPANT

***See Health Connect South or SI PICS for details***

**PATIENT NAME:**

**NHI:**

**TRIAL RECRUITMENT DATE:**

**TITLE:**

**CONTACT DETAILS:**

**PI (Principal Investigator):**

**Location:**

**Work hours:**

**Contact Details:**

**Out of Hours:**

**TRIAL DETAILS / COMMENTS:**

To identify whether this patient is on the placebo or the trial medication please contact:

HRS 00501 ALERT SHEET V4

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