



REFER-A-FRIEND PROGRAM

EARN \$25
(see inside for details)



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Clinical Trials of Texas, Inc.
7940 Floyd Curl Drive, STE 700
San Antonio, Texas 78229

SARESEARCH.COM

210-949-0122



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OF TEXAS, INC.
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At CTT, our goal is to make volunteering a positive experience for every participant. Our friendly staff understands and recognizes that all participants in medical studies are volunteers; therefore, we respect every participant's time and commitment.

Volunteers of all ages often receive diagnostic testing and evaluation by a board-certified medical doctor. Volunteers in research studies, in most cases, are compensated for their study-related time and travel commitments in the form of a stipend.

Volunteers may find that participation in research studies can be a great learning experience that allows them to have a better understanding of their medical condition and potential treatment options.

**We ask you
to consider referring
a friend or relative to
participate in a clinical research
study at Clinical Trials of Texas, Inc.
You can earn \$25 for each qualified
subject you refer.**

**Refer a friend or family member
for a clinical trial at CTT and
earn \$25, by doing the following:**

- 1** Fill out a Refer-A-Friend coupon attached to this brochure. Your referral must be new to CTT.
- 2** Your referral must contact CTT about the study at 210-949-0122 and ask for the Refer-A-Friend recruiter.
- 3** Your referral must present the completed coupon at his or her first visit.
- 4** If your referral qualifies for a study, you will earn \$25 after his or her first completed screening visit.
- 5** **You can refer as many people as you want!**

For more information about the
Refer-A-Friend program,
please call 210-949-0122.

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REFER-A-FRIEND COUPON REFER-A-FRIEND COUPON

Complete the information below, give this coupon to your friend or family member and ask them to contact CTT at (210) 949-0122.

Referrer (Your) Name: _____
Referrer Address: _____

Referrer Phone _____
Referrer Email _____
Referral Name: _____

In order to participate in this program, I agree to allow CTT to disclose information about my eligibility status to the Referrer. The personal health information that I provided to CTT is confidential.

Signature of Referral _____ Date _____

Complete the information below, give this coupon to your friend or family member and ask them to contact CTT at (210) 949-0122.

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