

REFER-A-FRIEND PROGRAM

RECEIVE \$25
(see inside for details)



Clinical Trials of Texas, Inc.
5430 Fredericksburg Rd., STE 200
San Antonio, Texas 78229

SARESEARCH.COM

210-949-0122

REFER-A-FRIEND PROGRAM

RECEIVE \$25
(see inside for details)



CLINICAL TRIALS
OF TEXAS, INC.
SARESEARCH.COM



Clinical Trials of Texas, Inc.
5430 Fredericksburg Rd., STE 200
San Antonio, Texas 78229

SARESEARCH.COM

210-949-0122



Clinical Trials of Texas, Inc.
5430 Fredericksburg Rd., STE 200
San Antonio, Texas 78229

SARESEARCH.COM

210-949-0122



CLINICAL TRIALS
OF TEXAS, INC.
SARESEARCH.COM

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

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

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 conditions and potential treatment options.

**Refer a friend
or relative to participate
in a clinical research study at
Clinical Trials of Texas, Inc.
You will receive \$25 for each
qualified subject you refer.**

**Refer a friend or family member
for a clinical trial at CTT and
receive \$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 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** You will receive \$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.

SARESEARCH.COM

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.

Your information
Name: _____
Address: _____
Phone: _____
Email: _____

Who are you referring?
Name _____

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

Signature of person you are referring _____ Date _____

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

Your information
Name: _____
Address: _____
Phone: _____
Email: _____

Who are you referring?
Name _____

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

Signature of person you are referring _____ Date _____