



RAPID RECRUIT REQUEST FORM

This form may be printed and faxed to +66 (0) 2667 1800. We will contact you within one hour of receipt.

Sponsor/CRO: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____

Title: _____

Phone: _____ **Fax:** _____

E-Mail: _____ **Best Time to call:** _____

Alternate Contact: _____

Title: _____

Phone: _____ **Fax:** _____

E-Mail: _____ **Best Time to call:** _____

Please tell us what your specific needs are

Study Indication(s): _____

Type of Specialist(s) Sought: _____

Number of Sites Needed: _____ **Enrollment Goal** **Per Site:** _____ **subjects over** _____ **months**

Any additional information that will assist us in meeting your needs:

