**Graphical user interface

Description automatically generated with medium confidence**

**ADAA Clinical Trial Posting Form**

**Principal Investigator**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an ADAA member? ❑Yes ❑ No

***Clinical trial listings om the ADAA website are free for current ADAA members.***

***Nonmembers are required to pay $500.00 for each trial posting. Payment must be received prior to website posting. An invoice will be forwarded by ADAA.***

**Clinical Trial Information**

Title of research study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB approval #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study location(s) (City and State). Please note if virtual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Study end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (this is required)

❑ This trial is only open to US residents. (this is required)

❑ This trial is open to US and International residents. (this is required)

❑ I affirm that this trial follows all applicable laws, regulations and has obtained IRB approval. (this is required)

Signature of Study Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email ([clinicaltrials@adaa.org](mailto:clinicaltrials@adaa.org)) this completed form together with the following:

1) a brief description of the study, including eligibility and exclusion criteria;

2) a copy of the IRB approval letter.

**Questions? Please contact** [**clinicaltrials@adaa.org**](mailto:clinicaltrials@adaa.org)

**Anxiety and Depression Association of America**

**8701 Georgia Avenue ● Suite 412 ● Silver Spring, MD 20910**

[**clinicaltrials@adaa.org**](mailto:clinicaltrials@adaa.org)