



Center for the Advancement of Clinical
Research (CACR)
Our Website: www.med.umich.edu/cacr/
Datewheel Order Form

Please type or print clearly

Name:			
Department Name:			
Campus Address (deliver to):		Campus Box:	
Telephone Number (pick-up):			
Email address:			

For our database, please complete this section:

Mark all that apply [If "Other" is marked, please specify]	
What clinical research (studies) are you now involved in?	
<input type="checkbox"/> Drug <input type="checkbox"/> Biologics <input type="checkbox"/> Device <input type="checkbox"/> Behavioral <input type="checkbox"/> Other: _____	
Who sponsors your current clinical research?	
<input type="checkbox"/> NIH <input type="checkbox"/> Industry <input type="checkbox"/> Other: _____	
Who initiated your current clinical research (studies)?	
<input type="checkbox"/> Investigator <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	
Are you interested in learning more about CACR's investigator services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in learning about CACR's education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Quantity:	Complete Billing Information for the \$7.25 cost of each datewheel.					
Short Code	OR	Fund	Dept	Program	Class	Project/Grant
Authorized Signer's Printed Name:						
Authorized Signer's Telephone Number:						
Authorized Signer's Fax Number:						
Authorized Signer's Email Address:						

- Please send completed form to: *fax: 998-7228 or email: mhealy@umich.edu*.
- If questions, please contact Monica Stiddom at 998-7348.