**Patient Contact Card Template**

**Guidance to site staff:**

* A copy of this template is to be retained in the Site File
* CTC will provide sites with printed cards. Additional copies available from the CTC upon request.
* Site staff must complete: patient name, trial number, hospital contact details, including ‘out of hours’ arrangements - prior to giving a card to each patient recruited to the trial.

Please note: the example below is **NOT** the actual card size, ideally this should be credit card size and measure approximately 8.5cm x 5.5cm

# This person is taking part in a clinical trial of CarCyDex in Multiple Myeloma.

# CARDAMON trial [EudraCT: 2014-000506-35]

**Trial treatment**

*Induction and Consolidation Treatment:* Carfilzomib; Cyclophosphamide; Dexamethasone

*Maintenance treatment:* Carfilzomib

This person may have been randomised to high dose melphalan conditioned ASCT rather than consolidation treatment.

This trial is coordinated by the CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London W1T 4TJ

**Please carry this card during, and for at least 30 days after, your trial treatment and show it to any other doctor who may be treating you**.

*V 2.0 25/02/2018*

*To be completed at the hospital – before giving to a patient:*

**Patient Name: …………………………………………………………………………………..…**

**Patient Trial Number: …………………………………………………………………..…**

**In case of any medical problems or, if further information is required, please contact:**

**Name: ………………………………………………………………………………………………….……**

**At: ………………………………………………………………………………………………Hospital**

**Tel: ………………………………………………………………………………………………..………**

**Out of hours contact and tel no: …………………………………………………………………………………………………………….…………**

**….…………………………………………………………………………………………………………………………………………..………………………………………………**