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Cancer Clinical Trials

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Clinical Trials

Secs. 38a-504a-1—38a-504a-2.

Repealed, July 2, 2012.

Sec. 38a-504a-3. Request for authorization of coverage

Standardized form to request authorization for coverage of routine patient care costs associated with clinical trials required by sections 38a-504f and 38a-542f of the Connecticut General Statutes. The commissioner may request additional information on the standardized form.

Section I

Date: _____

Member name: _____

Member ID #: _____

Member Date of Birth: _____

Health Insurer: _____

Treating Physician: _____

Contact Person for Additional Information Regarding Member’s Treatment:

Name: _____

Address: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Service requested is: Outpatient Inpatient Office Setting

If outpatient or inpatient is checked:

Facility name & address: _____

Clinical Cooperative Group Number: _____

(Please provide Web site address or other reference for accessing information about this trial.)

Please Note: You may be asked to provide additional information about the clinical trial or the member’s diagnosis and condition prior to the authorization of this request.

If the clinical cooperative group number is provided above, you do not need to complete Section II.

Section II must be completed only if the Clinical Cooperative Group Number is unavailable.

Section II

Diagnosis code: _____

Proposed treatment protocol: _____

Phase of clinical trial: I II III

Sponsor of clinical trial: _____

Clinical Trial has been reviewed and approved by:

- National Institutes of Health
- National Cancer Institute
- Federal Food and Drug Administration
- Federal Dept. of Defense
- Federal Dept. of Veterans Affairs
- Medicare Clinical Trial Policy

Check one: Single center study Multiple center study

List name(s) and address(es) of center(s):

(Adopted effective August 30, 2004; amended March 4, 2009, July 2, 2012)