



## CANCER CLINICAL TRIAL (CCT) PATIENT AUTHORIZATION



Fax this form and requested information to the TriWest CCT Coordinators at 1-866-269-5758.

Patient Information		
Sponsor Name	Sponsor SSN	
Patient Name	Patient SSN	
Street Address	Patient DOB / /	
City	State	ZIP
Home Phone ( )	Relationship to Sponsor	

Provider Requesting Authorization		
Provider Name	Contact Name	
TIN		
Street Address		
City	State	ZIP
Telephone ( )	Fax ( )	
ICD-9	Diagnosis	

Servicing Provider		
Facility Name		
TIN		
Street Address		
City	State	ZIP
Telephone ( )	Fax ( )	

Requested Service <small>(Submit Protocol Face Sheet and Study Schema with this form)</small>		
<input type="checkbox"/> Consult Only	<input type="checkbox"/> Evaluation for Clinical Trial <small>Includes all testing to determine eligibility</small>	<input type="checkbox"/> Authorization for Clinical Trial

Is this a Phase II or Phase III NCI-sponsored study?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protocol Name	Phase	<input type="checkbox"/> I	<input type="checkbox"/> III
Protocol #		<input type="checkbox"/> II	<input type="checkbox"/> IV
Is this protocol listed in the NCI PDQ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Trial Contact Information	
Name	Anticipated Start Date / /
Telephone ( )	Fax ( )

**FAX THIS FORM to the TriWest Clinical Cancer Trial Coordinators at 1-866-269-5758**  
Call the TriWest Clinical Cancer Trial Coordinators at 1-866-427-6610

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services. Privacy Act Statement – This information is protected under the Privacy Act of 1974 and shall be handled as “for official use only.” Violations of this may be punishable by fines, imprisonment, or both.