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## Clinical Trial Intake Form

NCT#

Receipt Number

Date

Supplemental  
Receipt Number

Sales Rep ID#

Sales Rep Name  
(if any)

Your Contact Info

First name

Last name

Phone#

Ext

Email

Your time zone

Web Address / Video - English

Web Address / Video - Spanish

Upload Web Address

Clinical Trial Lay Language Description (English) (2000-word max)

Clinical Trial Lay Language Description (Spanish) (2000-word max)

Diagnoses Codes (15-max)

Snomed Codes (15-max)

**Submission Instructions:**

1. Save your form.
2. Attach it to an email and send it to: [sales@practicetoday.com](mailto:sales@practicetoday.com)
3. Call us at (888) 881-0038 to confirm receipt. You will also receive an email confirmation.
4. Within a few days, you will receive a "Preview Download" link.
5. Download and install the "Preview" software.
6. Review your submission.
7. If there is a problem with your submission, you must contact us BEFORE the publication date.