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Contact Information

Name: _____ Date: _____
Title: _____
Company: _____
Address: _____
Country: _____ Email: _____
Phone: _____ Fax: _____

Please provide a brief description of the study:

What type of study is this? (Check all that apply)

____ Clinical Trial ____ Economic Study ____ Epidemiology Study
____ Cross-Sectional Non-Interventional Study ____ Longitudinal Non-Interventional Study
____ Other: _____

Study objectives: _____

Study timeline: _____

Estimated number of patients: _____ Estimated number of Ocular Surface Disease Index administrations: _____

In what countries/languages will the Ocular Surface Disease Index be used? _____

What version of the Ocular Surface Disease Index will you be administering - Patient or Clinician?

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Agreement

Agreed

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Date: _____

Signature: _____

Agreed

[Insert Name of Investigator/Institution]

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