



# Fax Referral Form

OTIS STUDIES

Toll-Free (877) 311-8972

Fax (619) 294-6191

Patient's Name: \_\_\_\_\_

Patient's phone number: \_\_\_\_\_

Preferred contact time: \_\_\_\_\_

May we leave a message?    Yes                          No   

Estimated Due Date: \_\_\_\_\_

Patient has:

Autoimmune Disease

Exposure to an Anti-TNF

Exposure to Leflunomide

Exposure to one or more of the following (please circle):

Seasonal flu vaccine      H1N1 vaccine  
Oseltamivir (Tamiflu)      Zanamivir (Relenza)

Referred by: \_\_\_\_\_

Date referred: \_\_\_\_\_

*Patient agrees to be contacted by the Coordinating Center for OTIS Studies*

Verbal consent

Written consent

Signature: \_\_\_\_\_