**Doctor’s Instructions for “Phone” Interview**

**(***Home, Hospital, Nursing Home***)**

1. The patient assigned for your interview today should have already received the forms necessary to determine their eligibility for the ONJ Study. These were mailed to the patient (with a return, postage paid envelope) in ample time for them to be prepared for your questions. These included Attachments 2, 4a, 4b and 5a.

1. The Consent Document for Screening Interview (2) must be signedby the patient, before you begin the Interview. Be sure that the patient contact information on (0) has been filled in.
2. If the Consent Document (2) has not been completed and signed by the patient and if the patient can’t come to the office to do it, it is necessary that the form be sent to them (via Fax, email or regular mail). Send an unsigned Attachment 2 to the place where the patient resides, and have the signed document returned to you. If a Fax machine or email scanner are not available, it is permissible for you to complete this form over the phone, but you will need a witness on each end of the phone conversation. The witnesses must attest to the patient’s verbal commitment to participate in this research study. Be sure to get the names of each party and print their names on the signature half of last page of Attachment 2. The Doctor also needs to witness and sign this document. The Doctor’s secretary will be a witness on the Doctor’s side, and the patient’s nurse or family member a witness on the patient’s side

1. If (2) is signed, proceed with interview. The patient should have already completed and returned:

 Medical Risk Factor Questionnaire Interview (4a)

 Medication Risk Factor Questionnaire Interview (4b)

 Dental Risk Factor Questionnaire Interview (5a)

If these forms have not been returned for review, proceed with new (non completed) forms.

1. After you have completed the questionnaires, assign the patient a Patient Number (using the Letter/Number/-Letter Code), as described in (6).

 *Attachment 00b*

1. Patients accepted into the study are to be referred to as “Yes” patients and should be given a “Y” (for “Yes”) designator (to the right of the Patient Number).

 They should be mailed these additional documents:

* Patient Instruction Sheet (000)
* Authorization to Release Protected Health Care Information/HIPAA (3)
* Consent for Blood Draw (7)
* Doctor’s Order/Laboratory Instructions Sheet (10)
* A self-addressed, stamped envelope
1. Make a copy of the *signed* Doctor’s Order (10) and place the copy in the patient’s green file envelope. Tell the patient to expect these forms to arrive in a few days and instruct them to follow the Patient Instruction Sheet carefully. Be sure these get mailed!
2. Send the “Q” patients a HIPAA Form (3) to get additional information which would be helpful in changing their status. Schedule a follow-up phone call in 4-6 weeks. Do not send any additional forms to the “No” patients.
3. Counsel “N” patients when they are not candidates for further study. They will henceforth be followed as any non-research study patient.

*Attachment 00b*