



# CCTS

Center for Clinical and Translational Science  
Clinical Research Support Program (CRSP)

## UAB Recruitment/Retention Plan Worksheet

**Protocol Title:** \_\_\_\_\_  
**Protocol Number:** \_\_\_\_\_  
**PI:** \_\_\_\_\_  
**Protocol Synopsis:** \_\_\_\_\_  
**Sponsor/CRO:** \_\_\_\_\_

As part of the pre-study activities for the upcoming protocol, please provide the following information regarding your access to the required population and your site's initial plan for recruiting participants in this trial.

1. Based upon review/search of available databases, document the number of participants who fit protocol criteria and would be contacted for participation in trial: \_\_\_\_\_

On what sources are you basing this number?

- Medical Record Chart Review (i2b2, ICD-10 code search)
- Community Database
- Research Database
- Other: \_\_\_\_\_

2. Please list the potential challenges you see to enrolling participants and what you would implement to overcome these issues: \_\_\_\_\_

- Inclusion /Exclusion criteria too strict
- Distance/ Participant lives too far away/Participant Travel or Transportation Issues/Participant does not want to drive to UAB due to traffic/Parking
- Protocol requires too much from participant: procedures/frequency of visits/ duration of protocol (lasts for years)
- Study/Protocol will not pay participant for time to participate
- Age of participant population
- Investigational Product (IP) administration route/ requirements (multiple doses, injections, refrigeration)
- Randomization deterrent
- Seasonal illness/ Time of year for enrollment
- Other: \_\_\_\_\_



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3. Based on your past performance and considering this protocol, please provide details on how the following resources would be used in your recruitment efforts:

- [Social Media](#) (Facebook, Twitter, Snapchat, Instagram, Google Ads)
- Newspaper/ Magazines/written advertising outlets
- Community Outreach ([Navigators](#), Health Advisors)
- Television (local affiliates such as [ABC](#), [CBS](#), [NBC](#), [FOX](#))
- Electronic Signage (local advertisers provide billboard space)
- Radio
- Video Recordings in waiting areas
- Other [Print](#) Materials & Mailings (Flyers, Brochures, pamphlets)
- MD/Outside Community referrals (engage professional networks)
- Clinical Faculty Engagement through Faculty meetings or listservs
- [ClinicalTrials.gov](#)
- [Research Match](#)
- NCATS ([Recruitment Innovation Center](#))
- Other \_\_\_\_\_

4. If source(s) other than those noted above will be used, please provide details and number of participants who could be contacted for participation in this trial:

\_\_\_\_\_

5. Are the costs for the above resources included in your budget? Yes or No

6. What are your plans to pay for the resources and who will provide the services?

\_\_\_\_\_

\_\_\_\_\_

7. Based on questions above, should protocol be aborted? Yes or No



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### TIER ONE

Based upon the above data, please provide a written description of your site's Recruitment Plan for the study.

- Include details of the number of participants that will be scheduled for screening within 4 weeks of the study opening at your site:
- What is the goal for the number of participants to be enrolled per month until target enrollment has been reached? \_\_\_\_\_
- What is your initial plan for recruiting participants (what tactics will you use):

### TIER TWO

5. What are your contingency plans for recruitment if your recruitment plan is not yielding enrollment goals, document the triggers or timelines for implementation should they be required?

**First Contingency Plan**



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### Retention Plans:

Have you thought about how you are going to retain your participants for the duration of the trial/protocol?

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Will you provide Participant Retention Materials? Yes or No

- Reminder Materials: appointment cards, text reminders, calendars
- Birthday cards
- Holiday cards
- Bags to carry Investigational Product (IP)
- Newsletter about protocol
- Regular personal contact
- Provide transportation
- Provide parking
- Regular expressions of gratitude for participating
- Provide meal /snacks for participant
- Inform participant of results of protocol
- Other \_\_\_\_\_

Did you include retention materials in budget? Yes or No

Who will provide the retention materials? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_