## CTN Recruitment Plan

|  |  |
| --- | --- |
| **Participant Demographics & Information** | Therapeutic area or target population for the project:  Age range: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other demographic if applicable (e.g., ethnicity): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List the length of time an individual participant will be involved in the entire project (e.g., list the number of days, weeks, months or years):  List the duration of each study/project visit and the procedures that participants will be required to complete at each visit. Include phlebotomy, lab procedures, questionnaires and any optional procedures such as biopsies:  Will participants be compensated for participation?  Yes  If Yes, provide details about compensation (e.g., how much they are compensated at each visit and if they are compensated for travel and childcare):  No  If no, provide the rationale for not providing  compensation:  Will participants be expected to pay for any procedures, travel or parking when participating?  Yes  If Yes, provide details about out-of-pocket expenses (for example, transit or parking):  No |

|  |  |
| --- | --- |
| **Project Eligibility Criteria Limitations**  Note: you will be asked to provide solutions to manage these limitations below. | List any inclusion criteria that may adversely limit participant recruitment:  List any exclusion criteria that may adversely limit participant recruitment: |

|  |  |
| --- | --- |
| **Community Feedback on Recruitment** | Have you discussed recruitment when engaging the community during project development?  Yes  If Yes, provide a list of their recommendations for recruitment strategies:  No |

|  |  |
| --- | --- |
| **Where will you recruit from?** | Participating site clinics:  Yes  If Yes, how many participants meet the eligibility criteria at each site? List each site and the prospective number below:  List the recruitment tools that will be used (e.g., brochures and posters):  No  Online:  Yes  If Yes, list each online source below (e.g., Facebook)?    No  Offline:  Yes  If Yes, list each offline venue below (e.g., radio or transit system advertisements)?    No  Other:  Yes  If Yes, list below:    No |

**Recruitment Barriers**

List barriers for this project and proposed solutions to manage them, including any that might be related to eligibility requirements identified above.

|  |  |  |
| --- | --- | --- |
|  | **Barriers** | **Management Plan** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |