

# REFERRING YOUR PATIENT to the *IMAGE TRIAL*



## ***THE IMAGE TRIAL: MELANOMA SURVEILLANCE PHOTOGRAPHY TO IMPROVE EARLY DETECTION OF MELANOMA***

### **1. *DISCUSS participation***

Discuss whether your patient might be willing to participate in this Monash University sponsored trial and what it means to participate in a clinical trial using the Patient Information Sheet.

### **2. *VISIT the Melanoma and Skin Cancer Trials website***

- Visit [www.masc.org.au/recruiting-trials/](http://www.masc.org.au/recruiting-trials/) (search for 02.19 IMAGE)
- Download a Patient Information Sheet
- Download a Direct Referral Form

### **3. *COMPLETE referral form***

- Locate your nearest IMAGE trial site
- Send completed referral form to local trial team

### **4. *IMAGE Research Team will arrange next steps***

IMAGE site staff will contact your patient by telephone to answer questions, assess eligibility and arrange a trial visit.



### ***ANY QUESTIONS?***

***Contact MASC Trials***

***via [image@masc.org.au](mailto:image@masc.org.au)***





# DIRECT REFERRAL FORM

*MELANOMA SURVEILLANCE PHOTOGRAPHY TO  
IMPROVE EARLY DETECTION OF MELANOMA*

**PATIENT DETAILS:**

**FIRST NAME** \_\_\_\_\_ **SURNAME** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **MOBILE** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_

- Having read the IMAGE Trial *Information Sheet For Healthcare Providers*, I believe the abovementioned patient may be eligible for the IMAGE Trial.
- I have discussed trial participation with them and they have provided verbal consent to be contacted by a member of the IMAGE Research Team to further discuss eligibility and provide information about trial procedures.

Patient's preferred IMAGE trial site: \_\_\_\_\_

Visit [www.masc.org.au/recruiting-trials/](http://www.masc.org.au/recruiting-trials/) to locate your nearest trial site location

Should this patient be enrolled in the trial, I plan to (*please tick one*);

- Continue routine clinical surveillance myself, and I am familiar with the use of Total Body Photography
- Continue routine clinical surveillance myself, but I would like to request guidance on the use of Total Body Photography (IMAGE Research Team can also provide a training video).
- Refer my patient to the selected trial site for routine clinical surveillance with a dermatologist for the duration of the study.

**HEALTHCARE PROVIDER DETAILS:**

**NAME** \_\_\_\_\_  
**PROVIDER NUMBER** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Or healthcare provider stamp*

**SEND THIS TO  
YOUR NEAREST  
IMAGE TRIAL SITE**

