



# The Asthma & Allergy Center

3503 Samson Way #108 • Bellevue, NE 68123-4303 PHONE (402) 592-2055 FAX (402) 592-2419 www.asthmaandallergycenter.com

## Research Opportunities

The Asthma & Allergy Center has participated in clinical research for over 30 years. Our patients receive state of the art treatment in a caring and friendly environment. We have many opportunities for patients with asthma, nasal allergies, or COPD to participate in clinical research trials.

The Asthma & Allergy Center is seeking individuals who would like to learn more about their condition while helping us learn more about these diseases. Research studies help supply new and more effective medications to patients in need. Our staff genuinely cares for your health and well being while providing an environment where you will receive the best possible medical care. We are staffed by internal medicine trained allergists who are dedicated to quality research for the treatment of asthma and allergy related diseases.

All medications and procedures are provided to you at no cost and you will be compensated for your time and travel.

### Why Participate?

Everyone is looking for something different when they participate in clinical research.

- To help future patients by assisting us in evaluating new and current treatments that may one day lead to a cure
- To receive excellent medical attention and clinical care for your medical condition
- To take a more active role in your own health care which includes learning more about your medical condition
- To have the opportunity to receive additional medical care and study medications at no cost
- For education on how to better manage your symptoms
- For access to the latest asthma and allergy technology and medications
- Others feel the need to participate in research studies for more altruistic reasons such as the desire to add to medical advancement

**For more information:** call 402-592-2055, email us at to [wpaulson@asthmaandallergycenter.com](mailto:wpaulson@asthmaandallergycenter.com), or fill out the form below and fax to 402-596-9915 or mail to the above address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have asthma? \_\_\_ Yes \_\_\_ No      Do you have nasal allergy? \_\_\_ Yes \_\_\_ No

If yes, what are your triggers?

___ Dogs	___ Cats	___ Molds	___ Unknown
___ Grasses	___ Trees	___ Weeds	___ Other

Do you have COPD? \_\_\_ Yes \_\_\_ No

**You will be contacted soon with potential study options. Thank you for your interest.**