

# Cold Sore Enrollment Form

Patient Information: All information will be held in the strictest confidence and will be assigned a coded reference without reference to the patient at the end of the study.

You may submit this form via email by clicking the submit button.

You may also print this form and fax it to 207.273.8043 or mail results to:  
 Natural Products Research Institute of New England  
 825 Atlantic Highway, Warren, ME 04864



First Name:

Shipping Address:

Address Line 2

Address Line 3

Last Name:

Daytime Phone

Mobile/ Evening Phone

Email Address:

Please Check one

(if filling out electronically, hit "Enter" or click with mouse)

(we will use this address only to communicate important instructions and at the end of each month as a gentle reminder to stay current with the protocol.)

Male  Female

FOR WOMEN ONLY: Are you pregnant? \*

Yes  No

Race / Ethnicity

Please specify: Caucasian, Black, Asian Pacific, Native Indian, Hispanic or Other

Age\*

\*Our products are not contraindicated for pregnancy. In fact, they are beneficial.

## Please answer Yes or No and provide detail when appropriate

Food Preference (please check one)

vegetarian: no meat, carnivore: primarily meat, omnivore: both meat and vegetables

Vegetarian  Carnivore  Omnivore

Do you have any allergies? Yes  No

If "Yes" please specify

Are you a smoker? Yes  No

Are you Currently taking any supplements? Yes  No

If "Yes" please specify

Are you taking any prescription medicine? Yes  No

If "Yes", please list.

How would you rate your Health? Please check one.

Good  Moderate  Poor

How were you referred you to this study? If physician/pharmacy please include location (city and state). If other, please specify.

**Please check any condition that applies to you and leave the other fields blank.**

- IBS
- Dry eye disease
- CNS neurological disorders
- High blood pressure
- High cholesterol
- High triglycerides
- Heart Disease
- Kidney Disease
- Asthma
- Inflammatory Disease (RA, OA, etc.)
- Other

Please specify

For Office Use Only: Enrollee ID

More questions on page 2

\* You must be at least 21 years of age to participate in all trials with the exception of childhood asthma.

# Cold Sore Enrollment Form p.2



Are you currently taking antivirals such as Abreva, Valtrax or Acyclovir? Yes  No

If "Yes", please list products that you commonly use.  
*If you take part in this study, you must discontinue using anti-viral medication*

Do you use steroids for any medical condition? Yes  No

How many cold sore outbreaks have you had in the last 6 months?

On average, how many days does each cold sore outbreak (redness to scab over) last?

On average, how many days does it take for a cold sore to heal (from redness to scab gone, new tissue regeneration)?

How Long have you suffered from Cold Sores?  
Please state in years and months

Years  Months

Do you take any over the counter medications to treat your cold sores? Yes  No

Do you use any physician prescribed medications to treat cold sores? Yes  No

If "Yes" to either question above, please list medications, over the counter and prescribed, used.

Do you use any natural remedies to treat cold sores? Yes  No

If "Yes", please list products that you commonly use

*The product used in this study is an all natural combination of agents that decrease inflammation and increase tissue regeneration (wound healing). If you enroll in the study, you will be asked to use this product daily and during all cold sore outbreaks. See the cold sore protocol for details*

Thank you for participation. If you are accepted to enter this study, we will ship to you product materials adequate for the entire study.

Incentive: you will receive a \$100 voucher at the completion of the study.

You will be notified by email within 7 days of your enrollment if you are accepted to enter this study.

If you have additional questions, please email us at [studydirector@nprine.org](mailto:studydirector@nprine.org).