

Covance plays an important role in developing tomorrow's medicines today through clinical research studies of investigational medications. This vital work cannot take place without the help of people like you. For your participation, we say **THANK YOU.**

Thousands of individuals have taken part in clinical research studies of investigational medications. Along with their help, Covance has taken part in many clinical research studies that have led to the development of household medications.

We ask you to consider referring a friend or relative to participate in a clinical research study of an investigational medication at Covance. If they meet the study criteria, you will receive either \$100* or \$200* based on the nature of the study. Keep reading to learn how our Refer A Friend program works.

And for helping to bring miracles to market sooner through your participation in clinical research studies of investigational medications, we again say **THANK YOU!**

How It Works

To refer a friend or family member for a clinical trial simply:

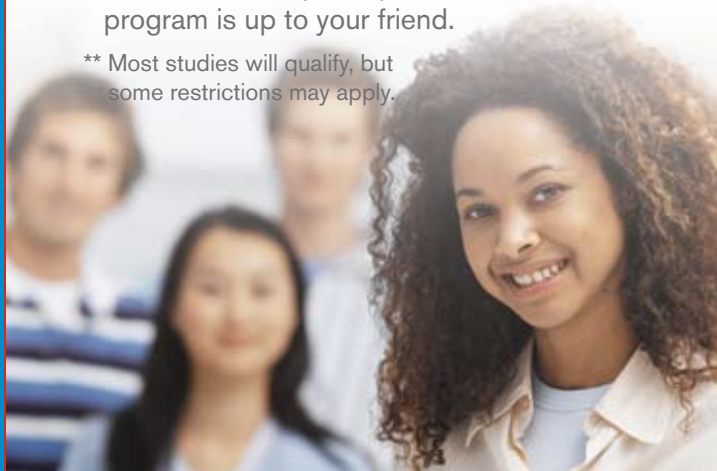
- Fill out the attached coupon information and provide it to your friend
- Information is provided on the card instructing your friend to call for a screening appointment
- If your friend qualifies for a study, you will receive:
\$100* for an outpatient study
\$200* for an inpatient study

(* Honolulu only)

Please Remember

- If you are referring a friend, you must already be in our database.
- Friends must be new to our database.
- Friends must qualify for a study, not simply get through Screening.
- Refer A Friend Payments are mailed out **AFTER** your friend has qualified for the study.
- For questions about the referral program or to inquire about the status of a referral, please visit TestWithTheBest.com for contact information.
- The decision to participate in this program is up to your friend.

** Most studies will qualify, but some restrictions may apply.



Refer A Friend Coupon

Fill out your information below. Tell your friend to visit www.TestWithTheBest.com or call the Covance location near you for information on upcoming studies.

Your Name: _____
Your Address: _____

Friend Name: _____
Date: _____

In order to participate in this program, I agree to allow Covance to disclose information about my eligibility status to the Referrer, if asked. My personal health information will not be disclosed to the Referrer.

Signature of Candidate/Date

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Signature of Candidate/Date

Austin - (877) 851-1064
Dallas - (866) 429-3700
Daytona Beach - (386) 257-1483
Evansville - (866) 913-4434
Honolulu - (808) 441-6327
Madison - (800) 732-2528
Portland - (503) 555-STUDY

Check us out on-line.
www.TestWithTheBest.com



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Refer A Friend Program

Refer a qualifying friend and you could receive up to \$200

