



IMPROVING HEALTH THROUGH RESEARCH

DATE _____

QUESTIONS ABOUT YOU AND YOUR PRACTICE

Information provided will be entered into the Clinvest research database and used exclusively for recruiting purposes for Clinvest research projects.

Name _____ MD ___ DO ___ PA ___ NP

Practice Name _____

Office Address _____

City, State, Zip _____

Office Phone*: _____ Office Fax*: _____ Office E-mail* _____

Home Phone: _____ Home Fax: _____ Home E-mail: _____

Describe your facility:

- Private Practice University
 Research Facility Hospital
 Free-standing Clinic
 Clinic connected to hospital

If you are part of an **Investigative Site Network** or **Site Management Organization** also complete this section

ISN/SMO Contact _____

ISN/SMO Business Name _____

ISN/SMO Address _____

City/St/Zip _____

ISN/SMO Phone _____

ISN/SMO Fax _____

ISN/SMO E-mail _____

The Research is conducted

- At Investigator's office
 At ISN/SMO office

Research subjects are recruited from

- Investigator's private practice
 ISN/SMO database

	Available at (Please check)		How you would prefer to be made aware of new research opportunities (Please check)	
	Office	Home	Office*	Home
E-mail				
Fax				
Phone				
Computer				
Printer attached to computer				
Access to the Internet				

Year of birth _____ Gender _____ Years in practice _____ # Doctors in Your Practice _____

Board Certified? YES NO Certification _____

On what therapeutic areas does your practice concentrate? _____

What are your specific areas of interest in research? _____

Type Community: ___ Rural ___ Suburban ___ Urban, not inner City ___ Inner City

of patients seen in office during average full day _____

% of practice: Non-English speaking ___% English as 2nd language: ___% Economically disadvantaged ___%

Primary Language _____

COMPUTER/ELECTRONIC CAPABILITIES

Do you keep electronic/computer records of any of the following? Check all that apply.

Electronic Medical Record System (eMR) If yes, what System are you using? (_____) or (Don't know) ie. Centricity, Allscripts, etc	Samples given	
	Medications prescribed	
	ICD-9 codes or diagnoses	
	Referrals	
	Other:	

RESEARCH EXPERIENCE	Yes	No
Have you participated in pharmaceutical research projects?		
Have you attended an Investigator Meeting for training in a research study?		
Have you used Case Report Forms or data collection books for a research study?		
Have you been 'monitored' by a clinical research assistant?		
Have you participated in publication or presentation of the results of the trial?		
Has FDA audited the site?		
Was an FDA Form 483 issued?		
Has the FDA or any State Medical Board ever sanctioned the investigator?		

Total number: Research Staff _____ Sub-Investigators _____

Total number of studies completed in last 18 months by Principal Investigator _____

Please record familiarity with items listed below. Yes / No / Unknown	Primary Investigator			Sub-Investigator			Coordinator		
	Y	N	UNK	Y	N	UNK	Y	N	UNK
FDA Information Sheets									
Good Clinical Practices (GCP) Guidelines									
Belmont Report									

If you plan to participate in clinical research, you must have storage space for casebooks and medications, and a designated Research Coordinator.

Dedicated Research Coordinator? NO YES / Name _____

Does the coordinator have office responsibilities other than research? _____

Education _____ Credentials ____ Hours/days when they work _____ Years in research _____

Phone _____ FAX _____ E-mail _____

Does your **coordinator** routinely use any of the following in the office? (Please check those that apply)
 Excel
 MS Word
 E-mail
 Internet

INSTITUTIONAL REVIEW BOARD (IRB)	Yes	No
Every research study requires review and approval by an IRB (Institutional Review Board)		
Is your practice associated with an HMO, hospital, or university that requires approval by their in-house (Local) IRB?		
Are you able to use a Central IRB (one selected by us that can approve the study for all investigators)?		

PATIENT POPULATION			
Check areas of particular interest to you and those in which you have the patient population to support a clinical trial:			
Psychiatric / Psychological	Infectious Disease	Sexual Dysfunction	
GI / Digestive	Endocrine / Metabolic / Immunologic	Smoking Cessation	
Respiratory	Neurologic	Women's Health	
Genitourinary	Musculoskeletal	Adolescent	
Headache	Pain Management	Other:	

Please complete and Fax to Clinvest (417) 841-3695 or (417) 890-6151