STUDY SITE INFORMATION FORM

We appreciate your interest in PMI! We offer a variety of clinical services to meet our clients' needs, many of which are dependent on our relationships with qualified study sites. Please provide the information requested on this form. Your medical specialty, IRB requirements and clinical trial experience are key search criteria in our database. We look forward to receiving your completed form and associated *Curriculum Vitae*.

Investigator Information

Full Name

Degree(s)

Medical License Number

Date of Expiration

State License Held

Medical Specialty

Other Research License(s), specify

Office/Practice Address

Institution

Street Address

Telephone

City

Fax

State

Email

Zip

Website

Research Experience

Do you have FDA clinical trial experience? ○ Yes ○ No

Does your staff have FDA clinical trial experience? ○ Yes ○ No

Do you use a database to recruit study participants? ○ Yes ○ No

Have you used Electronic Remote Data Capture (EDC) for clinical trials? ○ Yes ○ No

Do you have the ability to use a Central IRB? ○ Yes ○ No

Please provide the following information regarding your experience with FDA- regulated clinical trials during the last 5 years. *Note: It is not necessary to provide information on trials conducted with Promedica International.*

Investigational Product	Indication for Use	Start Date	End Date	# Subj. Enrolled

Your Research Staff *(Please provide the following information about your Primary Study Coordinator)*

Name	Telephone
Email	Fax

Your Facility *(Please indicate which of the following you have readily available to your site)*

- ○ Fax machine
- ○ Personal computer
- ○ Modem/Internet access
- ○ E-mail access
- ○ Secure product storage area
- ○ Secure records retention area
- ○ Freezer (-70° C)
- ○ Pharmacy

Your Practice Type *(Please check one)*

- ○ Group
- ○ Private
- ○ Hospital – University
- ○ Hospital – VA/Military
- ○ Hospital – Public
- ○ Managed Health Care
- ○ Student Health Care
- ○ Urgent Care Center

Your Practice Type *(continued)*

Are you affiliated with a Site Management Organization (SMO)?

○ Yes*, name _____

○ No

*If you answered, "Yes", should all contact go thru your SMO?

○ Yes * ○ No

*If you answered, "Yes", whom should we contact at your SMO?

Name

Telephone

Email

Your Research Interests *(Please check all that apply)*

Medical Device:

○ Feasibility studies – IDE

○ Pivotal studies – IDE

○ Field studies – non-IDE

Drug:

○ Phase II studies

○ Phase III studies

○ Phase IIIB studies

○ Phase IV – IND studies

○ Phase IV – non-IND studies

Please forward this completed form and Investigator(s) *Curriculum Vitae* to:

Promedica International
Attn: Study Site Database Administrator
3100 Bristol Street, Suite 250
Costa Mesa, CA 92626
Fax: 714-460-7364
E-mail: studysites@promedica-intl.com

PMI respects the privacy of its' clinical sites. We recognize that your decision to provide information about yourself is made assuming we will use this information in a responsible manner. The data you have provided will be used for the purpose of conducting clinical trials and as the result, it may be transferred to the clinical trial sponsor, FDA or other regulatory bodies. Prior to such transfer, however, PMI will receive assurance that the recipient will provide adequate arrangements for protection of these data.