

Clinical Trials Interest Survey – Form 100

Survey ID: _____

Please check "Yes" or "No" below and **FAX** all completed surveys to i3 Research at **(952) 833-7202**. Please call (952) 833-6577 if you have any questions or would like additional surveys for colleagues. Thank you.

Would you like to be included within our Clinical Trials Investigator Network?

- Yes - Thank you, please verify and/or update the demographic information below – **FAX** the completed survey to **(952) 833-7202**.
- No - Thank you for your time, we will remove your name from our mailing list – **FAX** the completed survey to **(952) 833-7202**.

Investigator Name:

Last: First: Middle Initial: Title:

Office/Clinic/Facility:

Address:

Street: Street Line 2:

City: State/Region/Province/Other:

Postal Code: Country:

Office:

Phone: FAX:

Mobile/Cell: Email:

Medical License or GMC Registration or Applicable Medical Registration:

Number: Expiration Date (MM/DD/YYYY):

DEA #: (DEA # is Optional – Will be used to match data.) Managed Care Provider: yes no

Medical Specialty: Primary: ABMS Certified: yes no eligible

Subspecialty: ABMS Certified: yes no eligible

Subspecialty: ABMS Certified: yes no eligible

Research Experience

Do you have experience as an investigator in sponsored clinical research (i.e., research funded by device, pharmaceutical, or biotech companies)?

yes no → Please FAX to i3 Research at **(952) 833-7202**

→ Approximately how many years of research experience?

→ Have you ever done prior research with i3 Research or its legacy companies: Ingenix, Applied Clinical Communications (ACC), California Clinical Trials (CCT), ClinPharm International, InSite Clinical Trials, International Clinical Trials (ICT), Kern McNeill International (KMI), Worldwide Clinical Trials (WCT)? Yes no

→ Please describe your most recent experience below (include experience with i3 Research and other):

Indication/Patient Population (i.e. Diabetes, HIV/AIDS)	P.I.?		Phase/Device/Inpatient						Start Date	Complete		Estimated Enrollment #	
	Yes	No	I	II	III	IV	Device	Inpatient	MM/YYYY	Yes	No	Target	Actual