



# CLINICAL INQUEST CENTER LTD

<http://www.cic-america.com>

## INVESTIGATOR ENROLLMENT FORM

Thank you for your interest in our ever-growing network of highly competent and qualified investigators.

Please complete and return this form reflecting your interest and capabilities in carrying out clinical research with the highest ethics conducted through ICH-GCP guidelines. Clinical Inquest Center Ltd will approach you once we identify any studies that match your profile. Thank you very much for your time and interest. We look forward to developing a mutually beneficial professional alliance with you and your organization.

Investigator's name: \_\_\_\_\_ Degree: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Group practice  Private practice  Free standing research facility  Hospital

Specialty: \_\_\_\_\_ Board certified:  Yes  No

Sub-Specialty: \_\_\_\_\_ Board certified:  Yes  No

Memberships: \_\_\_\_\_

Top 5 areas of expertise: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

How would you rate your computer skills?  Good  Very good  Excellent  
Do you have any previous clinical research experience?  Yes  No

If yes, how many years experience? \_\_\_\_\_  Yes  No



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Number of previous studies: \_\_\_\_\_ Phases of studies: \_\_\_\_\_

Ever audited by FDA or sponsor?  Yes  No

How much time can you spend doing research?  < 25%  25-50%  50-75%  >75%

Do you have experience with electronic medical records?  Yes  No

Does your site has electronic medical record for your patients  Yes  No

Would you prefer to conduct the clinical research trials at your facility or at Clinical Inquest Center Ltd's facility?

Your facility  Clinical Inquest Center Ltd

Do you office have space to conduct clinical research?  Yes  No

If yes, how many rooms can be dedicated to research? \_\_\_\_\_

Additional facilities or services located at your site:

- Pharmacy  Imaging  Clinical laboratory
- Phlebotomy  -20 Freezer  Refrigerator
- Centrifuge  EKG machine  Other: \_\_\_\_\_

Can you provide computers with internet access?  Yes  No

If yes, how many can be dedicated to research? \_\_\_\_\_

Do you have a double locked cabinet for secure drug storage?  Yes  No

Does your site have a dedicated clinical research coordinator with experience?  Yes  No

If no, would you like Clinical Inquest Center Ltd. to provide you with one?  Yes  No

A representative from the pharmaceutical company occasionally visits your site to conduct monitor study related records. These visits can last for a day; sometime a few days. It depends on the amount of enrolled subjects. Do you have a quiet and roomy place for this use?

Yes  No



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With advanced notice, will you be able to travel and attend Investigator's Meetings provided by the pharmaceutical company at their cost? (These meeting are usually held on weekends)

- Yes                       No

Are there any other colleagues that might be interested in conducting clinical research?  Yes  No

If yes, please provide the following:

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Specialty: \_\_\_\_\_

Contact information: \_\_\_\_\_

Who will be the primary contact at your site ?

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Thank you for completing this form. We look forward to working with you. If you have any further questions, please feel free to contact the Director of Clinical Research, at 937-684-9267 or by email at [research@cic-america.com](mailto:research@cic-america.com)