



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 have office 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

Have you been ever audited by FDA, office of Human Research Protections (OHRP), Health Product and Food Branch Inspector? Yes No
(If yes, please provide all details of the audit and attach a copy of their report)

Are there any state/ provincial medical board complaints and/or charges pending against you?
(If yes please provide all details of these complaints and their outcomes.) Yes No



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General Liability Insurance Coverage limits _____ Million / _____ Million

Professional Liability Insurance Coverage limits _____ Million / _____ Million

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

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