

# INVESTIGATOR APPLICATION

The following information regarding the prospective Investigator/ Site potential participation will be entered database/ repository managed by IBDx. Thank you for answering each question to the best of your knowledge.

## A. Investigator Demographics

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Title \_\_\_\_\_  
Specialty/ Discipline \_\_\_\_\_  
Primary Organization Name \_\_\_\_\_  
Primary Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Office Phone \_\_\_\_\_ ZIP \_\_\_\_\_  
Office Fax \_\_\_\_\_ Email Address \_\_\_\_\_

1. How do you characterize your center by type of practice (select one):

- Private Clinic/Practice
- Multi-specialty Group Practice
- Physician Network
- Public Clinic
- Other; Please specify \_\_\_\_\_
- Community Hospital
- Ambulatory Outpatient Clinic
- Private Hospital
- Public Hospital

2. Does your center have access to the following equipment:

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| a. Equipment for emergency rescue and life support        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| b. Medical Laboratory                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| c. -70°C freezer  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| d. -20°C freezer  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| e. 12-lead electronic ECG machine                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| f. General radiology laboratory with digital capabilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| g. MRI Scan   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| h. CT Scan  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| i. Bone Scan  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| j. Water Bath   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| k. Wet Ice  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| l. Dry Ice  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| m. Refrigerator   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| n. PET Scan   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| o. Endoscopy  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| p. Spirometer   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| q. Pulse oximeter   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |
| r. Refrigerated Centrifuge                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Can be arranged |

3. With respect to the shipment of specimens/ samples:
- a. Does your center have the ability to routinely ship samples?  Yes  No
  - b. Does your center have staff trained to ship hazardous goods (e.g. dry ice)?  Yes  No
  - c. Are you able to provide shipment notifications via email?  Yes  No
4. Does your center have the ability to produce dry ice for storing / shipping lab specimens?  Yes  No
5. Does your center routinely carry out calibration and monitoring of equipment?  Yes  No
6. Does your center have room to dedicate to investigational product (IP) storage?  Yes  No
7. Does the site have the ability to administer medication over the weekend for continuous dosing regimens?  Yes  No
8. Is there a pharmacist on site that is available to reconstitute IP for a blinded study?  Yes  No
9. Does your site have written procedures in place for applicable processes (calibration, etc)  Yes  No
10. How many minutes away from your location is the nearest emergency facility? \_\_\_\_\_ minutes