



ABC Clinical Trials Network Site Information Questionnaire

Thank you for taking about 10 minutes to complete the Association of Black Cardiologists' (ABC) Clinical Trials Network Survey. The purpose of this survey is to gather information about ABC members' and partners regarding clinical research interests and capacity.

* 1. Please Provide Investigator's Contact Information

First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Practice Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Work Number	<input type="text"/>
Mobile Number	<input type="text"/>
Fax Number	<input type="text"/>

* 2. Are you a member of the ABC?

- Yes
 No

* 3. Do you wish to become a part of the ABC Clinical Trials Network?

- Yes
 No

* 4. Do you wish to be contacted about clinical research training opportunities?

Yes

No

* 5. Suffix (check all that apply)

MD

DO

DPM

PA

PhD

Other (please specify)

* 6. Education

1st Degree

2nd Degree

3rd Degree

* 7. What is your medical specialty? (Check all that apply)

Cardiology

Family Medicine

Internal Medicine

Nephrology

Other (please specify)

* 8. What type of practice do you have?

Solo

Group

HMO

Hospital-Based

Academic Center/University-Based

* 9. Please list the names of any Sub-Investigators who work with you.

1.

2.

3.

4.

5.

6.

* 10. Which of the following best indicate your research interests? (Check all that apply)

- Basic
- Clinical
- Translational
- CER

* 11. What type of trials interest you? (Check all that apply)

- Hypertension
- Diabetes
- CHF
- Dyslipidemia
- CAD/ACS
- Arrhythmia
- Basic Science
- Device Trials
- Other (please specify)

* 12. Do you have Sub-Investigators who work with you?

- Yes
- No

* 13. Do you have Clinical Research Coordinators (CRCs) who work with you?

- Yes
- No

* 14. What type of IRB do you use?

Central

Local

* 15. Please provide the contact Information for the primary CRC.

Name

Phone

Mobile

Email

* 16. What type of community does your practice serve?

Urban

Suburban

Rural

* 17. What is the timeline for review/approval prior to IRB/IEC submission?

* 18. What is the frequency of your IRB/IEC's review meetings?

* 19. Does your local IRB/IEC require a contract to be signed/executed before IRB/IEC submission?

Yes

No

* 20. From the time of receipt of the start-up packet, when might you expect to have IRB approval?

* 21. Do you want to be contacted to participate in clinical trials?

Yes

No

* 22. Does your site require other departmental or committee review/approval prior to approval from the IRB/IEC?

- Yes
- No

* 23. How many industry sponsored clinical trials have you conducted in the last 5 years?



ABC Clinical Trials Network Site Information Questionnaire

* 24. Who works on your site's Clinical Study Contracts?

* 25. Is this a task you would welcome the ABC's support in doing?

- Yes
- No

* 26. Does your site have Standard Operating Procedures (SOPs) for its clinical trial operations?

- Yes
- No

If not, is this a task you would welcome the ABC's support in doing?

* 27. Who coordinates your site's regulatory documents?

* 28. Is this a task you would welcome the ABC's support in doing?

- Yes
- No

* 29. Has the Investigator received Good Clinical Practice (GCP) training?

Yes

No

If yes, when was the approximate month/year of the last GCP training taken?

* 30. Has the Investigator received any Electronic Data Capture (EDC) training within the last two years?

Yes

No

If yes, on what systems? InForm, Rave, Other?

* 31. Has the Clinical Research Coordinator (CRC) received Good Clinical Practice (GCP) training?

Yes

No

If yes, when was the approximate month/year of the last GCP training taken?

* 32. Has CRC received any Electronic Data Capture (EDC) training within the last two years?

Yes

No

If yes, on what systems? Inform, Rave, Other?



ABC Clinical Trials Network Site Information Questionnaire

* 33. What methods does your site use to recruit patients for clinical trials? (Check all that apply)

Electronic Medical Records Review

Chart Review

Community-Based Outreach

Mass Media (Radio, TV, Newspaper)

Social Media (Facebook, Twitter, etc.)

Other (specify)

* 34. Would you welcome the ABC's support in the areas of site recruitment and/or site optimization?

Yes

No

* 35. What is your total estimated patient population?

* 36. What is the average number of patients seen per month?

* 37. Please estimate the number of patients seen monthly in each age category.

Adult

Children to age 18

* 38. Please provide the following estimates about your patient population.

% Male	<input type="text"/>
% Female	<input type="text"/>
% Black or African American	<input type="text"/>
% Hispanic or Latino	<input type="text"/>
% Asian	<input type="text"/>
% Native American or American Indian	<input type="text"/>
% Other Minorities	<input type="text"/>
% HTN	<input type="text"/>
% Diabetes	<input type="text"/>
% Congestive Heart Failure	<input type="text"/>
% Dyslipidemia	<input type="text"/>
% Coronary Artery Disease	<input type="text"/>
% Arrhythmias	<input type="text"/>

* 39. Please tell us the extent of your participation in study scientific leadership opportunities that have involved the review or oversight of data or clinical trial programs. For example, how many of the following have you participated on:

Clinical Trial Advisory or Steering Committee	<input type="text"/>
Clinical Adjudication Committee	<input type="text"/>
Data Safety Monitoring Board	<input type="text"/>

* 40. What were your 3 greatest challenges as you *began* your clinical research practice?

-
-
-

41. What do you consider to be your 3 greatest challenges to *sustain* your clinical research practice?

-
-
-

42. What are the top 2 *reasons you engage* in clinical research practice?

1.

2.

Thank you for taking the time to respond! A representative from the ABC will follow up with you.