AACE INVESTIGATOR DATABASE SURVEY

DATE: _____

INVESTIGATOR NAME: _____ **DEGREE(s):** _____

F.A.C.E. YES [ ] NO [ ]

NAME OF ORGANIZATION: _____

_____

STREET ADDRESS: _____ **SUITE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

OFFICE PHONE: _____ **FAX:** _____

BOARD CERTIFICATION: 1. _____ **2.** _____ **3.** _____

A. ACADEMIC AFFILIATION(s):

UNIVERSITY	ACADEMIC APPOINTMENT	DATE OF APPOINTMENT

B. DESCRIBE YOUR FACILITY:

- [ ] Private Office, Clinical Endocrinology
- [ ] Community Hospital
- [ ] VA Hospital
- [ ] University Hospital
- [ ] Non-University Hospital
- [ ] Nursing Home
- [ ] Rehabilitation Center
- [ ] US Armed Forces Medical Center
- [ ] Multi-center Research Association
- [ ] Medical Clinic
- [ ] HMO Clinic
- [ ] Other: (specify below)

_____
_____
_____
_____
_____

Type of Practice: (please check all that apply)

- [ ] Individual
- [ ] Partnership
- [ ] Corporation
- [ ] Group Practice Single specialty
- [ ] Group Practice Multi-specialty
- [ ] Other

Other (specify) _____

Patient Population:

Gender: _____ % Male _____ % Female

Race: _____ % Caucasian _____ % African-Amer. _____ % Asian _____ % Native Amer.
_____ % Hispanic _____ % Other

C. AREAS OF INTEREST: Circle choices; number 1,2,3, areas of greatest interest

Diabetes Mellitus Type 1
Diabetes Mellitus Type 2
Diabetes Complications
Lipid Disorders
Obesity
Hypertension
Atherosclerosis
Insulin Resistance

Osteoporosis
Parathyroid Disorders
Thyroid Disorders
Renal Disorders
Renal Calculi
Male Hypogonadism
Infertility / PCOS

Menopause
Sexual Dysfunction
Erectile Dysfunction
Pituitary Disorders
Growth Hormone Replacement
Other _____

D. NAME(S) OF CLINICAL ASSOCIATES:

NAME	DEGREE(s)
1.	
2.	
3.	
4.	

Do you have clinical research experience post-fellowship training? ☐ **Yes** ☐ **No**
If you have had experience in clinical research studies, continue with **Section E;** If not, go directly to **Section I.**

E. RESEARCH PERSONNEL

	NAME	PHONE NUMBER
DIRECTOR OF RESEARCH		
PRINCIPAL INVESTIGATOR (1)		
PRINCIPAL INVESTIGATOR (2)		
SUB-INVESTIGATOR		
SUB-INVESTIGATOR		
SUB-INVESTIGATOR		

F. RESEARCH CO-ORDINATOR (S), ASSISTANTS, NURSES:

NAME	POSITION (TITLE)	YEARS EXPERIENCE	PHONE NUMBER

G. CLINICAL EXPERIENCE:

Number of clinical trials in past year	☐ none	☐ 1-4	☐ 5-10	☐ Over 10
Average number of enrolled per trial	☐ 1-6	☐ 6-12	☐ >12	
Preferred trials	☐ Phase 1	☐ Phase 2	☐ Phase 3	☐ Phase 4
Facility preferred, if any	☐ Inpatient		☐ Outpatient	
Have you published studies?	☐ Yes		☐ No	

H. INSTITUTIONAL REVIEW BOARD (IRB):

Are you familiar with regulatory requirements in conducting a clinical trial? ____ Yes ____ No
Do you use a central IRB? local IRB? Both? Could you use a private IRB? ____ Yes ____ No
Frequency of IRB meetings ____ Monthly ____ Bi-Monthly ____ Weekly ____ As needed
Average time for IRB to approve studies _____

I. EQUIPMENT AND FACILITIES *ON SITE:*

Pharmacy	Yes	No	Centrifuge	Yes	No
Secure drug storage	Yes	No	On-site lab	Yes	No
Secure records retention	Yes	No	Bone densitometer (DEXA)	Yes	No
Freezer	Yes	No	Which model?_____		

J. GENERAL:

Do you have electronic medical records?	Yes	No
Can you quickly search for and retrieve patient demographic and diagnostic data?	Yes	No
Are you capable of/interested in doing intravenous studies?	Yes	No
Have you ever been audited by the FDA?	Yes	No

If yes, indicate date and summary of audit _____

_____

_____