

CLINICAL SITE IDENTIFICATION FORM

Please print clearly or type information for legibility

INVESTIGATOR INFORMATION:

Name and Title: _____

Telephone: _____

Facility Name: _____

Primary Email: _____

Street Address: _____

Additional Location(s)?

City, State, Zip: _____

☐ Yes ☐ No

Please provide roles that are at all sites (eg, Sub-Investigator(s), Study Coordinator(s), Contract Representative) and number of each:

Total number of Sub-I(s): _____ Total # of Study Coordinator(s): _____ Total # of VA Tech(s): _____

CLINICAL RESEARCH EXPERIENCE:

1. Please indicate the # of pharma clinical studies your site has conducted: _____ studies

2. Do you have any ongoing or upcoming studies? ☐ Yes ☐ No

PRACTICE OVERVIEW:

1. Do you have an electronic medical records (EMR) system at your site(s)? ☐ Yes ☐ No

2. Is the following available at each location where the study procedures will be performed?

(Check all that apply; list is not exhaustive)

☐ Meibography, please specify: _____

☐ Pinhole Occluder

☐ Slit Lamp(s) (with camera)

☐ Yellow Wratten Filter

☐ Light Microscope

☐ ETDRS Charts

☐ 20X Objective Lens for Microscope

☐ Non-Invasive Tear Breakup Time (NIBUT), please specify: _____

☐ Other: _____

☐ Other: _____

☐ Other: _____

☐ Other: _____

3. Please indicate all training you and your team have received by checking all that apply:

☐ ICH-Good Clinical Practices (GCP)

☐ HIPAA

☐ Vision Testing

☐ Good Documentation Practices

☐ 21 CFR 11, 50, 54, 56, and 312

☐ EDC

☐ Human Subject Protection

☐ Electronic Questionnaires

☐ Photography

PATIENT POPULATION:

1. Based on your patient population how many patients do you see per week with the following:

• Demodex infestation/blepharitis? _____ patients/week

• Meibomian gland dysfunction? _____ patients/week

2. Does your site perform Demodex counts? ☐ Yes ☐ No If so, how? _____

SUBJECT RECRUITMENT APPROACH:

1. If you are in a multi-physician practice, are your colleagues willing to refer their patients to you as Principal Investigator for study purposes? ☐ Yes ☐ No
2. What methods would you plan to use to recruit study subjects? (Check all that apply)
 - ☐ Within Practice
 - ☐ Radio
 - ☐ Website
 - ☐ Social Media
 - ☐ Print Ads
 - ☐ Professional Referrals: Referral Fees? ☐ Yes ☐ No
 - ☐ Other: _____

PERSON COMPLETING QUESTIONNAIRE:

Signature: _____ Role: _____
Printed Name: _____ Date: _____

*Thank you for your interest and completing the Clinical Site Identification Form!