



Please complete the information and fax it to Prologue: (614) 324-0685

Following receipt, a representative from our Site Services division will contact you to verify information and follow up on potential upcoming trials.

POTENTIAL INVESTIGATOR QUESTIONNAIRE

Oncologist's Name:

Sex: M F

Areas of Focus:

- | | | |
|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Head and Neck | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Lung | <input type="checkbox"/> Renal Cell |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Sarcoma |
| <input type="checkbox"/> Gynecological | <input type="checkbox"/> Myeloma | <input type="checkbox"/> Other: |

Areas of Board Certification:

Institution:

Dept/Division:

Institution Address:

City:

State:

Zip:

Phone:

Fax:

Nurse/Study Coordinator Name:

Contact Person:

Phone:

Fax:

Email Address:

Internet Address:

ONCOLOGY CLINICAL TRIAL EXPERIENCE:

Please list a maximum of five (5) of the most recent clinical trials that your site has participated in:

Indication	Phase	# Patients Planned	# Patients Enrolled	Enrollment Period (in months)	Patient Budget	Sponsor
					\$	
					\$	
					\$	
					\$	
					\$	

Comments: