



Join Our Investigator Network

If you are interested in participating in the Association of Black Cardiologists' (ABC) Investigator Network, please complete and submit the form below. A representative from the ABC will follow-up with you. Projects may vary from a quick survey or questionnaire to more involved controlled trials.

ABC Member: Yes No

Do you want to be contacted to participate in clinical trials? Yes No

If clinical trial training was provided, would you participate in clinical research? Yes No

First Name: _____ MI: _____ Last Name: _____

Suffix (Check all that apply): MD DO DPM PA PhD _____ Other (Specify)

Specialty: Cardiology Family Medicine Internal Medicine _____ Other (Specify)

Practice Type: Solo Group HMO Hospital Owned _____ Other (Specify)

Address: _____

City _____ ST _____ Zip Code _____

Office Phone #: _____ Cell Phone #: _____

Email: _____ Fax #: _____

Research Coordinator Name: _____

Email: _____ Phone #: _____

What type of trails are you interested in? (Check all that apply) Hypertension Diabetes CHF
 Dyslipidemia CAD/ACS Arrhythmia Basic Science _____ Other (Specify)

Which of the following best indicate your research interests (Check all that apply) : Basic Clinical
 Translational CER _____ Other (specify)

Please return this form via email, mail or fax:

Email: clinicaltrials@abc cardio.org; Mail: ABC Inc., 122 East 42nd Street 18th Floor, New York, NY 10168-1898;
Fax: (202)375-6801