Association of Black Cardiologists, Inc.
Saving the Hearts and Minds of a Diverse America

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	
Middle Initial	
Last Name	
Practice Name	
Address 1	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Country	
Email Address	
Work Number	
Mobile Number	
Fax Number	

* 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?

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* 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?

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* 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

% Female

% Black or African American

% Hispanic or Latino

% Asian

% Native American or American Indian

% Other Minorities

% HTN

% Diabetes

% Congestive Heart Failure

% Dyslipidemia

% Coronary Artery Disease

% Arrhythmias

* 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

Clinical Adjudication Committee

Data Safety Monitoring Board

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

1.

2.

3.

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

1.

2.

3.

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.