

SITE DETAILS FORM

If you are a physician interested in participating in clinical research and looking to partner with us, please fill out the following form and send it to clinicaltrials@srxhealth.ca

Business Name of Site,
Clinic, Hospital or University

First Name

Last Name

Email

Address

What Type of Institution Is Your Site?

Private Practice

Academic/Hospital

Dedicated Research

Other:

Does Your Site Have Any Satellite Sites?

Yes

No

Which Phases of Clinical Trials Is
Your Site Experienced in Performing?
(Check All That Apply)

Phase I

Phase IV

Phase II

Other:

Phase III

What Therapeutic Areas Do
Your Patients Fall Into?
(Check All That Apply)

Cardiovascular Disease

Pulmonary/Respiratory Diseases

Gastroenterology

Hepatology

Infectious Diseases

Dermatology

Immunology

Urology

How Many Years of Sponsor-Driven Clinical Trial Experience Do You Have?

Does Your Site Have Access to a Local Laboratory?

Yes

No

Does Your Site Use a Central or Local Irb?

Central

Local