

# SPARC

## Informational questionnaire

*Please answer the following questions in regards to your site information and fax form back to 617-582-6056*

### SITE PRINCIPAL INVESTIGATOR:

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Have you previously enrolled patients in clinical trials: YES NO  
If YES, how many trials have you participated in? \_\_\_\_\_

Site Name:	
Address:	Phone:
	Fax:
	Email:

Please list site co-investigators:

1.
2.
3.

### SITE RESEARCH COORDINATOR

Name:	
Address:	Phone:
	Fax:
	Email:

### SITE INSTITUTIONAL REVIEW BOARD

Name:	
Address:	Phone:
	Fax:
	Email:

How often does IRB meet? \_\_\_\_\_

What is the average time between protocol submission and IRB approval?

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### Imaging capability

Equipment Type

Please Circle

*\* Please indicate a time frame for any pending equipment*

#### SPECT

Do you have **SPECT** at your site?

**YES**

**NO**

**Camera Model:**

**Laboratory Daily Volumes:**

#### PET

Do you have **PET** at your site?

**YES**

**NO**

**Camera Model:**

**Laboratory Daily Volumes:**

#### PET/CT

Do you have **PET/CT** at your site?

**YES**

**NO**

**Camera Model:**

**Laboratory Daily Volumes:**

#### MDCT-64

Do you have **MDCT-64** at your site?

**YES**

**NO**

**Camera Model:**

**Laboratory Daily Volumes:**

*Please fax this completed form to  
Attn: Jeselle Gierbolini  
Fax: 617-582-6056*