



INITIAL SITE INFORMATION FORM

Please fill out all applicable information and PDF or FAX back to Oncotherapeutics. If the same person has many roles, please enter the name of the person and write "see above" for additional information. Thank you!

Name of Preparer: _____ Date: _____

Main Site/ Institution

Site Name: _____

Division: _____

Physical Address: _____

City, ST, ZIP _____

Mailing Address: _____

City, ST, ZIP _____

Website: _____

Main Phone: _____

Main Fax: _____

Alternate Phone: _____

Comments: _____

Are there additional sites associated with the main site: Yes No

If Yes, how many? _____

Are you part of a Network? Yes No

If Yes,

a. Which one? _____

b. Does this prevent or restrict your participation in research outside of your network?

Yes No

Principal Investigator/Sub Investigators

Name: _____

Credentials: (MD, DO, etc) _____

Gender: Male Female

Email: _____

Areas of Specialty: _____

Number of Sub-
Investigators at your site: _____

Check here if PI address is the same as the Site Address

Mailing Address:

City, ST, ZIP

Main Phone:

Direct Phone:

Mobile Phone:

Main Fax:

Other Phone:

Comments:

Clinical Trial Phase Experience:

Phase I

Phase IV

Phase II

Pharmacokinetic/Pharmacodynamic (PK/PD)

Phase III

Retrospective

Clinical Trial Interest:

Hematologic

Solid Tumor

Kidney

Multiple Myeloma

Brain

Lung

Lymphoma

Breast

Melanoma

Leukemia

Colon

Prostate

Other _____

Gynecological

Other _____

IRB:

Can your site use a central IRB, such as WIRB or Quorum? Yes No

Does your site have any special committees or other review requirements/ processes that may delay study start-up? Yes No

If using local IRB:

a. How frequently does your IRB meet?

b. What is the turnaround time for IRB approval?

Main Research Contact

Name:

Title:

Email:

Check here if the research contact's address is the same as the PI address

Mailing Address:

City, ST, ZIP

Main Phone:

Direct Phone: _____
Mobile Phone: _____
Main Fax: _____
Other Phone: _____
Comments: _____

Contract/Budget Contact

Name: _____
Title: _____
Email: _____

Check here if the budget/contract contact's address is the same as the PI address.

Mailing Address: _____
City, ST, ZIP _____

Main Phone: _____
Direct Phone: _____
Mobile Phone: _____
Main Fax: _____
Other Phone: _____
Comments: _____

Pharmacy Facilities:

Does your site have its own Pharmacy? Yes No

If "NO", how does your site handle study drug? _____

Pharmacy Contact:

Name: _____
Title: _____
Email: _____
Main Phone: _____
Comments: _____

Lab Facilities:

Does your site have its own Clinical Laboratory? Yes No

Can your site use a Central Laboratory? Yes No

Does your site have a **-20°C freezer** Yes No

Does your site have a **-80°C freezer** Yes No

Is your site willing to conduct **PK / PD** (pharmacokinetics / pharmacodynamics) studies? Yes No

Direct Phone: _____
Main Phone: _____
Main Fax: _____
Other Phone: _____

Additional Comments:

Study Specific Questions:

- a. How many **treatment naïve** multiple myeloma patients do you see in a year? _____
- b. How many **Relapse/Refractory** Multiple Myeloma patients do you see in a year? _____
- c. How many Relapse/Refractory patients have had **1 to 3 prior therapies**? _____
- d. How many Relapse/Refractory patients have had **3 or more prior therapies**? _____
- e. What % of patients in question "**B**" have been treated with **Velcade® (bortezomib)**? _____
- f. What % of those patients in question "**B**" have been treated with **Kyprolis® (carfilzomib)**? _____
- g. What % of those patients in question "**B**" have been treated with **Pomalyst® (pomalidomide)**? _____
- h. What % of those patients in question "**B**" have been treated with **Revlimid® (lenalidomide)**? _____
- i. Do your clinicians assess for **Vitamin D levels** as part of standard of care? Yes No
- j. Can you do a retrospective / chart review study? Yes No
- k. Is your site interested in registry/observational study? Yes No

Monitoring Facilities:

- Does your facility have a designated monitoring area? Yes No
- Does the monitor have internet access? Yes No
- Does the monitor have Wi-Fi access? Yes No

Patient Recruitment:

- Do you have additional means of recruitment? Yes No
- If YES, please describe (eg: Email blast to referring hospital, doctor to doctor letter, etc.): _____

Other Studies:

- Do you currently have other **frontline** or **relapse refractory** multiple myeloma studies at your site? Yes No
- If YES,
 - a. How many: _____
 - b. Anticipated enrollment completion? _____