



Site Registration Form

Site's Capabilities

Site Name: _____

Site Phone#: _____ Exts : _____ & _____ Exts: _____

Site Address: _____ City: _____ State: _____

Do you have Clinical Research Coordinator (staff/contract): Y N If not, can you provide one? Y N

Specialities Entertaining Clinical Research:

1. _____ Previous studies in this area: _____

2. _____ Previous studies in this area: _____

3. _____ Previous studies in this area: _____

4. _____ Previous studies in this area: _____

5. _____ Previous studies in this area: _____

Has site been audited (If yes, specify auditing authority): _____

Pharmacy on Site: Y N Centrifuge Available: Y N Clinical Lab on Site: Y N

Secure Drug Storage: Y N Phlebotomy on Site: Y N Radiology On Site: Y N

Freezer (-20 C): Y N Freezer (-70 C): Y N Secure Records Storage: Y

Space for Monitoring: Y N ER: Y N EMS: Y N

ICU: Y N

Bed Strength: _____ Doctor:Patient Ratio: _____

Is the Site a member of any other public or private research organizations: Y N

If yes, specify the name of the organization(s): _____

Permission for Regulatory Inspections?: _____

How did you hear about Progressive Life Sciences: _____

Any other relevant information:

