

New Protocol Evaluation Survey

Protocol Name:

Protocol #:

1. How important is the scientific question being asked by this study?

1 – very important

2 - important

3- not at all important

2. How interested would the target study population be in doing this study?

1 – very interested

2- somewhat interested

3- not at all interested

3. How many of our patients do you think would be eligible for this study? _____

4. What study design issues might affect whether individuals would participate?

☐ procedures ☐ regimen ☐ visit frequency ☐ other _____

5. Thinking about other protocols you have worked on, estimate how much time the following components will take.

Identifying potential subjects

Start up activities (laboratory, regulatory, other dept/sites)

Consent and screening potential subjects

Initial visit

Follow- up visits

Other _____

6. What support staff will be needed (check all that apply)?

☐ Research nurse

☐ Lab processor

☐ Pharmacist

☐ PBMC processor

☐ Pharmacy Tech

☐ Clerical staff

☐ Phlebotomist

☐ Data management

7. What other hospital facilities will be needed?

☐ Laboratory

☐ Optometry

☐ Radiology

☐ KIWAKKUKI/HBC

☐ Pharmacy

☐ Cardiology

☐ Neurology

☐ Other _____

8. Would you be interested in being the coordinator?

Yes ☐ No ☐ N/A Not Nurse ☐

9. Do you think this site should do this study?

Yes ☐ No ☐ If no, why not?

Comments:
