



Sponsor/CRO Project Information Sheet

Sponsor:

CRO:

If CRO, is Sponsor Contract signed: Yes No

Contact: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Drug Category: _____ Research Phase: _____

Indication: _____

Investigator Med. Specialty: _____

Special Inv. Requirements: _____

Total Inv. in Protocol: _____ Total Patients in Protocol: _____

Number Inv. Underway: _____ Number Patients Enrolled: _____

No. Investigators Needed: _____

No. Patients/Investigator: _____ No. Patient Enrollment Months: _____

Use Local IRB? Yes No

Protocol #:

Dbl Blind Open Label Versus: _____

Rx Duration:

Synopsis Available: Yes No (provide Inc/Exc criteria)

Site Questionnaire Available: Yes No (use iProcess Questionnaire)

Unique Issues:

Investigator Difficulties: _____

Patient Difficulties: _____

Please Fax this form to (714) 242-9973 and iProcess will contact you.
