

## INDIVIDUAL INVESTIGATOR PERSONAL DATA FORM

-PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION-

### IDENTIFYING DATA

NAME (First, MI, Last, Degree): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB-SITE: \_\_\_\_\_

### CLINICAL RESEARCH EXPERIENCE

CLINICAL RESEARCH EXPERIENCE (IN YEARS): \_\_\_\_\_

PREFERRED PHASE(S) OF CLINICAL RESEARCH (PLEASE CIRCLE):

PHASE 1

PHASE 2

PHASE 3

PHASE 4

MEDICAL SPECIALTY AREA OF PRACTICE: \_\_\_\_\_

### PROFESSIONAL QUALIFICATIONS

ADVANCED DEGREE(S) WITH DATES: \_\_\_\_\_

SPECIALTY TRAINING WITH DATES: \_\_\_\_\_

SPECIALTY BOARD(S) WITH DATES: \_\_\_\_\_

ACADEMIC APPOINTMENT (TITLE/INSTITUTION): \_\_\_\_\_

PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_

### INFORMATION ABOUT STUDY SITE

STUDY COORDINATOR: \_\_\_\_\_

TELEPHONE NUMBER (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

STUDY ADMINISTRATOR: \_\_\_\_\_

TELEPHONE NUMBER (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

Please return this enrollment form with payment of \$325 (visa-M/C-AMEX accepted), along with the entire signed contract and your curriculum vitae. I have read and understand and will abide by the rules and regulations of Research Investigator's Source contained in the contract agreement.

MODE OF PAYMENT \_\_\_ CHECK \_\_\_ VISA \_\_\_ M/C \_\_\_ AMEX EXPIRATION DATE \_\_\_\_\_ V-CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NOTE: If you have any questions or would like to register by phone, call 1.800.535.6365.

# MAJOR ORGAN SYSTEM LISTING OF THERAPEUTIC AREAS OF EXPERTISE

- 1) Place an "x" next to each therapeutic area that represents areas of research interest AND patient population within your organization. You will be cross-referenced by each area you select, so please be sure that you are able to conduct a trial in each area you indicate!
- 2) You may place a number next to each therapeutic area which indicates to sponsors how many trials have been completed in that particular area. (Example: Hypertension – 5). If you choose not to include numbers, this simply indicates to the sponsor that you have the patient population and expertise to conduct a trial in this particular area, but have not necessarily completed a trial.
- 3) Within each category, be as specific as possible. (For example, under Gastrointestinal System, if you select 'Malignancies', you may indicate Pancreatic Cancer, Colon Malignancies, etc.)
- 4) We have more than 1000 therapeutic areas included in the CLINICAL INVESTIGATORS DIRECTORY; please review the Index section of the sample copy of the Directory which is included in this membership packet.

## AUDITORY SYSTEM

Deafness \_\_\_\_\_  
 Otitis Media \_\_\_\_\_  
 Vertigo \_\_\_\_\_  
 Other \_\_\_\_\_

## CARDIOVASCULAR SYSTEM

Atherosclerosis \_\_\_\_\_  
 Cardiac Ischemia \_\_\_\_\_  
 Cardiomyopathies \_\_\_\_\_  
 Cerebral Ischemia \_\_\_\_\_  
 Deep Venous Thrombosis \_\_\_\_\_  
 Dysrhythmias \_\_\_\_\_  
 Heart Failure \_\_\_\_\_  
 Hyperlipidemia \_\_\_\_\_  
 Hypertension \_\_\_\_\_  
 Peripheral Vascular Disease \_\_\_\_\_  
 Other \_\_\_\_\_

## ENDOCRINE/METABOLIC SYSTEM

Adrenal Gland Disorders \_\_\_\_\_  
 Diabetes Mellitus \_\_\_\_\_  
 Hormone Replacement Therapy \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Obesity \_\_\_\_\_  
 Ovarian Disorders \_\_\_\_\_  
 Weight Loss \_\_\_\_\_  
 Other \_\_\_\_\_

## EYE

Cataracts \_\_\_\_\_  
 Conjunctival Disorders \_\_\_\_\_  
 Contact Lens \_\_\_\_\_  
 Dry Eyes \_\_\_\_\_  
 Glaucoma \_\_\_\_\_  
 Infections \_\_\_\_\_  
 Inflammation \_\_\_\_\_  
 Keratitis \_\_\_\_\_  
 Retinal Disorders \_\_\_\_\_  
 Visual Acuity \_\_\_\_\_  
 Other \_\_\_\_\_

## GASTROINTESTINAL SYSTEM

Duodenal Ulcer \_\_\_\_\_  
 Esophageal Disorders \_\_\_\_\_  
 Gall Bladder Disorders \_\_\_\_\_  
 Gastric Ulcer \_\_\_\_\_  
 Gastroenteritis \_\_\_\_\_  
 Gastroesophageal Reflux \_\_\_\_\_  
 Heartburn \_\_\_\_\_  
 Hepatitis C \_\_\_\_\_  
 Irritable Bowel Syndrome \_\_\_\_\_  
 Liver Disorders \_\_\_\_\_  
 Malabsorption \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Regional Enteritis \_\_\_\_\_  
 Ulcerative Colitis \_\_\_\_\_  
 Other \_\_\_\_\_

## HEMATOLOGIC SYSTEM

Anemia \_\_\_\_\_  
 Coagulation Defects \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Platelet Disorders \_\_\_\_\_  
 Red Cell Disorders \_\_\_\_\_  
 White Cell Disorders \_\_\_\_\_  
 Other \_\_\_\_\_

## IMMUNE SYSTEM

Acquired Immune Deficiency \_\_\_\_\_  
 Autoimmunity \_\_\_\_\_  
 HIV Infection \_\_\_\_\_  
 Vaccines \_\_\_\_\_  
 Other \_\_\_\_\_

## INFECTIOUS DISEASES

Influenza \_\_\_\_\_  
 Sepsis \_\_\_\_\_  
 Other \_\_\_\_\_

## MENTAL DISORDERS

Alzheimer's Disease \_\_\_\_\_  
 Anxiety Disorders \_\_\_\_\_  
 Attention Deficit Disorder \_\_\_\_\_  
 Child & Adolescent Mental Disorders \_\_\_\_\_  
 Mood Disorders \_\_\_\_\_  
 Organic Mental Disorders \_\_\_\_\_  
 Personality Disorders \_\_\_\_\_  
 Psychoactive Substance Use Disorders \_\_\_\_\_  
 Restless Legs Syndrome \_\_\_\_\_  
 Schizophrenia & Related Psychotic Disorders \_\_\_\_\_  
 Sexual Disorders \_\_\_\_\_  
 Sleep Disorders \_\_\_\_\_  
 Somatoform & Dissociative Disorders \_\_\_\_\_  
 Other \_\_\_\_\_

## MUSCULOSKELETAL SYSTEM

Collagen Vascular Disease \_\_\_\_\_  
 Disc Disease \_\_\_\_\_  
 Fibromyalgia \_\_\_\_\_  
 Infections \_\_\_\_\_  
 Joint Replacements \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Osteoarthritis \_\_\_\_\_  
 Osteoporosis \_\_\_\_\_  
 Pain Syndromes \_\_\_\_\_  
 Rheumatoid Arthritis \_\_\_\_\_  
 Other \_\_\_\_\_

## NERVOUS SYSTEM

Inflammatory Disease \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Migraine Headaches \_\_\_\_\_  
 Multiple Sclerosis \_\_\_\_\_  
 Parkinson's Disease \_\_\_\_\_  
 Peripheral Nervous System \_\_\_\_\_  
 Seizure Disorders \_\_\_\_\_  
 Stroke \_\_\_\_\_  
 Other \_\_\_\_\_

## REPRODUCTIVE SYSTEM (FEMALE)

Contraception \_\_\_\_\_  
 Endometriosis \_\_\_\_\_  
 Hot Flashes \_\_\_\_\_  
 Infections \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Menopause \_\_\_\_\_  
 Menstrual Problems \_\_\_\_\_  
 Premenstrual Syndrome \_\_\_\_\_  
 Postmenopausal Syndrome \_\_\_\_\_  
 Vaginitis \_\_\_\_\_  
 Other \_\_\_\_\_

## REPRODUCTIVE SYSTEM (MALE)

Erectile Dysfunction \_\_\_\_\_  
 Impotence \_\_\_\_\_  
 Infections \_\_\_\_\_  
 Infertility \_\_\_\_\_  
 Inflammation \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Other \_\_\_\_\_

## RESPIRATORY SYSTEM

Asthma \_\_\_\_\_  
 Bronchitis \_\_\_\_\_  
 Common Cold \_\_\_\_\_  
 COPD \_\_\_\_\_  
 Emphysema \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Pharyngitis \_\_\_\_\_  
 Pneumonia \_\_\_\_\_  
 Rhinitis \_\_\_\_\_  
 Sinusitis \_\_\_\_\_  
 Smoking Cessation \_\_\_\_\_  
 Tonsillitis \_\_\_\_\_  
 Other \_\_\_\_\_

## SKIN & SOFT TISSUE

Acne \_\_\_\_\_  
 Atopic Dermatitis \_\_\_\_\_  
 Bacterial Infections \_\_\_\_\_  
 Contact Dermatitis \_\_\_\_\_  
 Fungal Infections \_\_\_\_\_  
 Hair Disorders \_\_\_\_\_  
 Infections \_\_\_\_\_  
 Infestations \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Nail Disorders \_\_\_\_\_  
 Psoriasis \_\_\_\_\_  
 Skin Ulcers \_\_\_\_\_  
 Urticaria \_\_\_\_\_  
 Viral Infections \_\_\_\_\_  
 Wound Healing \_\_\_\_\_  
 Other \_\_\_\_\_

## URINARY SYSTEM

Benign Prostatic Hypertrophy \_\_\_\_\_  
 Calculi \_\_\_\_\_  
 Incontinence \_\_\_\_\_  
 Infections \_\_\_\_\_  
 Malignancies \_\_\_\_\_  
 Prostate Disorders \_\_\_\_\_  
 Renal Failure \_\_\_\_\_  
 Urinary Incontinence \_\_\_\_\_  
 Other \_\_\_\_\_

## ADDITIONAL CATEGORIES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME \_\_\_\_\_  
 (please print)

SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

# REGISTRATION AGREEMENT FORM

The following is an application for membership in Research Investigator's Source, Inc. (RIS)-which will include a listing in the Clinical Investigators Directory and computerized database-and will constitute an agreement between you and RIS (A Minnesota Corporation), when signed and accepted by RIS. "You" refers to the applicant/member of RIS as identified on the enrollment form.

1. It is mutually understood and agreed that the Clinical Investigators Directory (CID) and database information will be distributed only to pharmaceutical or research oriented companies. It is mutually understood and agreed that the World Wide Web is open to all subscribers. Therefore, RIS is unable to limit the accessibility of your listing on the RIS web site.
2. Membership: A membership in RIS will include a listing and a copy of the CID. RIS may refuse to publish any potential listing at its sole discretion. Any money paid in advance by you will be returned if RIS refuses to publish the listing.
3. Subsequent Issues: This application for registration is for the 2012 computerized database and the 2012 printed edition of the CID. Listing in subsequent issues will be at the rate in effect at that time.
4. Cost: You agree to pay RIS, in advance, \$325 for inclusion in the 2012 computerized database and 2012 edition of the CID and other complimentary services prior to the promotion deadline of December 31, 2012. If this amount is not paid, RIS may, at its own discretion cancel the listing.
5. Refund for Termination: The 2012 or subsequent editions of the CID, or a listing, may be terminated by RIS as provided herein-or by you-by giving written notice to RIS at least 48 hours prior to the closing date for the Directory. If RIS decides not to publish the CID, any money prepaid by you to RIS for that particular edition will be refunded.
6. No Refund After Closing Date: Owing to the nature and distribution of the CID, there will be no refund available if you wish to change or cancel a listing after the cut off date.
7. Warranties: You warrant that you are a qualified clinical investigator and further warrant (1) that you are in compliance with any applicable local, state or federal laws that govern your practice including licensing requirements; and (2) that you will hold RIS harmless from any and all claims and demands asserted against RIS by reason of the falsity of the foregoing representations, breach of any warranties or by reason of the falsity or misleading nature of information you may supply to RIS. You agree to indemnify RIS for any damages, costs and attorney's fees associated with any such claims and demands asserted against RIS.
8. Factual Information: Information for your listing is to be provided by you on the attached enrollment form. You assume full responsibility for the factual nature of the information you provide. Furthermore, it is understood that any misrepresentation on your part, whether by mistake or deliberate, may be grounds for rejection of this application or listing in future editions of the CID. You give permission to RIS to verify any of the information supplied for inclusion in the Directory. RIS may license third parties to publish, reproduce or duplicate any material contained within the Directory without the limits of paragraph 1 above. RIS hereby licenses you to reproduce or copy material about you which was ordered, subject to limitations and/or the will of RIS. Once the data regarding an organization is accepted for publication, it will become the property of RIS. All information compiled will become a part of our database.
9. Personal Data: It is agreed that a draft copy of your listing(s) will be returned to you within 15 working days from receipt by RIS of your personal data form. You agree to return the draft copy with corrections within 10 days. If the draft copy is not returned within 10 days, RIS may assume that the listing is correct.
10. Printing Errors: In the event of any printing errors in your data in the CID, its placement in the CID, or printing errors in other material published in the CID, you shall be limited only to a refund of the prepaid subscription fee.
11. Revisions: RIS reserves the right to revise its policies and practices including, but not limited to, revision of directory headings, listings and any other information contained in it and to alter distribution of the Directory in the pharmaceutical research field.
12. Assignment: This agreement may not be assigned without the consent of RIS.
13. Entire Contract: Upon acceptance by RIS, this agreement constitutes the entire agreement between you and RIS and neither shall be bound by any terms, conditions or representations not herein contained. Neither you nor RIS is bound to any verbal agreement or special arrangement contrary or in addition to the terms of this written agreement.

## APPLICANT/MEMBER

## RESEARCH INVESTIGATOR'S SOURCE

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Complete Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Assigned Member ID# \_\_\_\_\_