



Investigator Location Services Project Specifications

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. ILS 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 ILS SQ)

Unique Issues:

Investigator Difficulties:

Patient Difficulties:

Please Fax this form to (413) 410-0120 and ILS will contact you.