

PROJECT INFORMATION

Project Title

Project Short Title
(30 characters maximum)

KEY RESEARCH DETAILS

Principal Investigator

Department

What are the specialties of the site?

Primary Specialty

Specify if Other

Secondary Specialty

Specify if Other

Which therapeutic area represents the majority of the PI's research?

Specify if Other

Disease/Condition represented by majority of the PI's patient/subject population

Percentage of PI time devoted
to research

PROJECT DETAILS

Piedmont Enrollment Goal

Study Sites	PAH	PARH	PFH	PHH
	PNH	PHI	PW	

Stipend Available?	Yes	No	Unknown
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Stipend Amount per Procedure/Visit - 1 visit/procedure per line

Offices/Sites where patients will be seen (one per line, include name, address and phone #)

Locations where local labs will be drawn/tested (one per line, include name and address)

Do you require translated consents?	Yes	No
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If yes, specify language(s)

NCT Number

STUDY STAFF

Sub-Investigators, list
alphabetically

Lead Coordinator

Study Staff, list alphabetically
(Coordinators & Others)
Indicate with a * next to the
name if he/she will be
completing mRS or NIHSS

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Contact

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Email Address

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Address

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