PROTOCOL FEASIBILITY QUESTIONNAIRE

Site Name:	
Investigator:	Research Coordinator:
Address:	Address: (if different)
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

Dear Investigator,

Houston Methodist Cancer Center, in conjunction with Houston Methodist Research Institute is currently planning/conducting (*select one*) the trial listed above. This study is planned to have a total national accrual of <accrualgoal>. We would like to evaluate your interest and the feasibility of opening this study at your site.

Please review the attached protocol and return this completed questionnaire to:

Pej Hemati
phemati@houstonmethodist.org Fax: 713-790-5106 Phone: 713-441-0528

Thank you.

I. Patient Population

1. Have you reviewed the protocol?	☐ Yes ☐ No
2. Are you interested in participating in this trial as an investigator?	☐ Yes (skip to 4) ☐ No
3. Please select the primary reason you are not interested. ☐ Do not see enough of the study population. ☐ Already participating in conflicting trial(s). ☐ Not enough staff/support/time. ☐ Not participating in research at this time. ☐ Other:	
4. Please provide an estimate of the trial's patient population you see in a given month.	_____ patients/month
5. Are you currently participating in clinical trials with this patient population?	☐ Yes ☐ No
6. Do you anticipate any similar trials at your institution within the next year?	☐ Yes ☐ No

II. Recruitment Potential

7. How many patients could you realistically screen and enroll based on the inclusion/exclusion criteria?	Screened: _____ patients/year Enrolled: _____ patients/year
8. How many trials have you participated in oncology?	_____

III. Study Logistics

9. How many of the following staff are available to assist the investigator with this study?

Number
____ Study Coordinators
____ Regulatory Specialists
____ Co- or sub-investigators
____ Pharmacists

Please add any roles not covered.

_____

_____

10. Does your site use an Electronic Medical Record or Electronic Health Record System?	☐ Yes ☐ No
11. Does your EMR/EHR system have the capability to allow for monitor access?	☐ Yes ☐ No

12. How does a monitor gain access?

_____

_____

13. Do you have access to the following equipment? a) -70 Freezer b) c) d) e)	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

IV. Regulatory/Protocol Submission

14. Will you use a central or local IRB?	☐ Central ☐ Local
15. How often does the IRB meet?	Click here to enter text.
16. What are the next two dates for submission deadlines?	_____ _____
17. Does your institution require submission to additional committees beyond IRB requirements?	☐ Yes ☐ No

V. Quality Assurance/Quality Control

18. Does your institution have a quality assurance or quality control program?	☐ Yes ☐ No
19. Please describe the QA/QC program. _____ _____	

----------For HMCC Use Only----------

Received __ __ - __ __ __ - __ __ __ __
Approved __ Yes __ No
Lead PI Signature _____