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Profile Form

Principal Investigator's Physical Location

Last Name: _____ First Name: _____ Middle Initial _____

Title: _____

Degree: MD MD, FACP PhD Other

Telephone: _____ Ext: _____ Fax: _____

Email Address: _____

Type of Facility :(Check one) Hospital Research Facility University
 Private Practice (Single Specialty) Private Practice (Multi Specialty) SMO

Name of Group or Clinic: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Person to Contact: _____

In what year did the Principal investigator begin conducting clinical research?(If applicable):

Clinical Trials Experience

Please indicate the therapeutic areas in which you have conducted clinical trials by placing an X on the appropriate line.

- | | |
|----------------------------------|--------------------------------------|
| Adolescent Medicine ___ | Neonatal-Prenatal ___ |
| Allergy/Immunology ___ | Nephrology ___ |
| Anesthesiology ___ | Neurology ___ |
| Arthritis ___ | Nutrition ___ |
| Asthma ___ | Occupational Medicine ___ |
| Cardiology ___ | Oncology ___ |
| Cardiology Intervention ___ | Ophthalmology ___ |
| Cerebrovascular Diseases ___ | Orthopedics ___ |
| Cardiology Intervention ___ | Osteoarthritis ___ |
| Cerebrovascular Disease ___ | Otolaryngology ___ |
| Chemotherapy ___ | Pain Management ___ |
| Collagen Disease ___ | Parasitology ___ |
| Congestive Heart Failure ___ | Pediatrics ___ |
| Coronary Artery Disease ___ | Pharmacotherapy ___ |
| Critical Care ___ | Physical Therapy/Sports Medicine ___ |
| Cystic Fibrosis ___ | Podiatry ___ |
| Dentistry ___ | Psychology ___ |
| Depression ___ | Psychiatry ___ |
| Dermatology ___ | Pulmonary Disease ___ |
| Diabetes Mellitus, Insipidus ___ | Radiology ___ |
| Endocrinology ___ | Respiratory Disease Infection ___ |
| Epidemiology ___ | Rheumatology ___ |
| Epilepsy ___ | Rhinitis ___ |
| Family Practice ___ | Sexual Dysfunction ___ |
| Forensic Medicine ___ | Skin and Soft Tissue ___ |
| Gastroenterology ___ | Toxicology ___ |
| Genetics ___ | Trauma ___ |
| Geriatrics ___ | Urology ___ |
| Gynecology/Obstetrics ___ | Women's Health ___ |
| Hematology ___ | |
| HIV Infection ___ | |
| Hyperlipidemia ___ | |
| Hypertension ___ | |
| Infectious Disease ___ | |
| Internal Medicine ___ | |
| Medical Devices ___ | |
| Migraines ___ | |

Site Management Organization

(Complete this section only if PI is affiliated with SMP)

Name of SMO: _____

Telephone: _____ Ext: _____ Fax: _____

Equipment/Facility Data

List below the number of units you have access to and indicate the facilities available for clinical studies

Equipment	Number of units	Equipment	Number of units	Facilities	#
Centrifuge		X-Ray Machine		Phase I unit	
CT Scan		MRI		Other	
EKG Machine		Dexa Scan			
Freezer (-20 degree C)		Pixi Scan			
Freezer (-70 degree C)		Stress Test Treadmill			
Refrigerator (2 to 8)					
Refrigerator (secured)					

Patient Data

How many patients are seen by you and your clinic partners(at least once a year)? _____

Please breakdown the patients seen regularly into the following categories by percentage:

Gender: Male _____% Female _____%

Race: Caucasian _____% African-American _____% Asian _____% Hispanic _____% Other _____%

Please name five (5) common diseases you treat:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Surgery

Cardiovascular Surgery _____

General Surgery _____

Neurosurgery _____

Orthopedic Surgery _____

Plastic Surgery _____

Other (List below) _____

Other Surgical Areas:

Other Areas:

Please list (5) most common procedures you perform:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Would you like to have one of your colleagues (MD's) or staff member (Physician Assistant, Nurse Practitioner, etc...), be enrolled as Sub Investigators? (Please circle answer)

Yes or No

If yes, please provide the following information:

Names

Telephone Numbers

- 1) _____
- 2) _____
- 3) _____

- 1) _____
- 2) _____
- 3) _____