

# Investigator Profiling Form

## Personal Information

1. Role: Choose your title  
\*if "Other" please specify:
2. Last Name:
3. First Name:
4. Clinical Trial Site Address:
5. Phone:
6. Fax:
7. Email:

## Research Interests

8. Therapeutic Area Choose a therapeutic area
9. Within this therapeutic area, do you have a specialty or specific research interest?  
YES  NO
10. If YES, which area?:

## Clinical Research Experience

11. Have you participated in clinical studies before? YES  NO
12. What Phases of Clinical Research are you interested in ?  
Phase I  Phase II  Phase III  Phase IV
13. Approximately how many studies have you participated in within the last 5 years?  
0  1-5  5-10  10-20  >20
14. Do you have experienced research personnel on site to help you carry out any future studies?  
YES  NO
15. Preferred method of contact?  
Phone  Email

## Additional Information

If you there is any further information you would like to share in regards to your research experience, specialties and interests, facility details or referrals please use the space below:

Thank you for taking the time to complete this form. Your information will be kept confidential and will be kept on file and you will be contacted by Cubic International for trials within your expertise. Should you have any questions please do not hesitate to contact us at [info@cubicinternational.com](mailto:info@cubicinternational.com)