

IECRN



Inventory and Evaluation of
Clinical Research Networks

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IECRN Core Survey

Sponsored by:
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

Administered by:
Westat
1650 Research Boulevard
Rockville, Maryland 20850

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Please enter the contact information of the person who is completing this survey. The asterisks indicate required information.

*Name: _____

Title: _____

Organization: _____

*Telephone: _____ *Email: _____

Please complete the questions below about the following clinical research network:

Part A. Background Information

A1. Does your network conduct research involving human health or human behavior?

This includes the following types of human health or behavioral studies: clinical trials, epidemiology, behavior modification, health communications, patient care, medical practice, clinical quality improvement, and clinical process improvement. Surveillance systems and registries should be included if there has been some human health or behavioral research output.

Yes

No (Please briefly describe the type of research conducted by your network. Then skip the remaining questions and go to the "Submission Instructions" box at the end of this survey.)

Not sure (please explain)

A2. Does your network currently ...

A2a. Contain at least three independent or semi-independent participating entities?

- Yes
- No (please explain)

- Not sure (please explain)

A2b. Carry out multiple studies, or have the intent of carrying out multiple studies?

- Yes
- No (please explain)

- Not sure (please explain)

A2c. Have scientific leadership that either develops research ideas or critically evaluates the ideas or protocols that are brought to it by outside investigators?

- Yes
- No (please explain)

- Not sure (please explain)

A3. Is this network currently carrying out research or conducting investigations?

Yes

No (please explain)

Not sure (please explain)

A4. Is this network actively planning future research or investigations?

Yes

No (please explain)

Not sure (please explain)

Part B. General Research Network Characteristics

Please complete the following questions by filling in the requested response(s) and/or selecting the appropriate box(es).

B1. In what year was your network established?

Year				

B2. Funding sources

<p>B2a. What are the funding sources for your network? (Please select all that apply.)</p>	<p>B2b. If you selected more than one funding source in Question B2a, select the <u>one</u> response that best describes the <u>primary</u> funding source for your network, that is, the source that provides the greatest amount of funding. If you selected only one funding source in Question B2a, skip to Question B3.</p>
<input type="checkbox"/> U.S. Federal government (specify agency/ies and institutes, e.g., NIH, NCI) _____ _____ _____	<input type="checkbox"/> Select this box if there is <u>no</u> primary funding source. <input type="checkbox"/> U.S. Federal government (specify agency/ies and institutes, e.g., NIH, NCI) _____ _____ _____
<input type="checkbox"/> U.S. state or local government	<input type="checkbox"/> U.S. state or local government
<input type="checkbox"/> Government outside the U.S.	<input type="checkbox"/> Government outside the U.S.
<input type="checkbox"/> Academia	<input type="checkbox"/> Academia
<input type="checkbox"/> Non-profit	<input type="checkbox"/> Non-profit
<input type="checkbox"/> For-profit or commercial	<input type="checkbox"/> For-profit or commercial
<input type="checkbox"/> Professional organizations	<input type="checkbox"/> Professional organizations
<input type="checkbox"/> Other (specify) _____ _____ _____	<input type="checkbox"/> Other (specify) _____ _____ _____

B3. Which of the following best describes the broadest geographic coverage of your network? (Please select one response)

- U.S. and country(ies) outside the U.S. (specify) _____
- Only country(ies) outside the U.S. (specify) _____
- More than one state in the U.S. (specify) _____

- One state only (statewide) in the U.S. (specify) _____
- Regional within one state in the U.S. (e.g., more than one city, municipality, county) (specify) _____
- Local area within one state in the U.S. (e.g., within one city, municipality, or county) (specify) _____

B4. Which of the following entities participate in your network? (Select all that apply.)

- Individual practitioner or group practice
- Academic medical center or other university-affiliated health care facility
- Federal or national government health care facility (e.g., U.S. Department of Defense military treatment facility, UK NHS hospital)
- State, local, or other regional health care facility
- Other health care facility
- Academic research center or other university-affiliated research facility
- Health Maintenance Organization (HMO)
- Clinical laboratory
- Pharmaceutical company
- Contract research organization
- Foundation
- Other (specify) _____
- _____
- _____
- _____

B5. Types of studies

<p>B5a. Which of the following types of studies have been conducted by your network since its establishment <u>or</u> over the past 5 years (whichever is shorter)? (Select all that apply.)</p>	<p>B5b. If you selected more than one type of study in Question B5a, select the <u>one</u> response that best describes the type of study most frequently conducted during that time period. If you selected only one type of study in Question B5a, skip to Question B6.</p> <p><input type="checkbox"/> Select this box if there is <u>no</u> particular type of study conducted most frequently.</p>
<p><input type="checkbox"/> Clinical trials, Phase I</p>	<p><input type="checkbox"/> Clinical trials, Phase I</p>
<p><input type="checkbox"/> Clinical trials, Phase II</p>	<p><input type="checkbox"/> Clinical trials, Phase II</p>
<p><input type="checkbox"/> Clinical trials, Phase III</p>	<p><input type="checkbox"/> Clinical trials, Phase III</p>
<p><input type="checkbox"/> Clinical trials, Phase IV</p>	<p><input type="checkbox"/> Clinical trials, Phase IV</p>
<p><input type="checkbox"/> Field or community intervention trials (with healthy subjects)</p>	<p><input type="checkbox"/> Field or community intervention trials (with healthy subjects)</p>
<p><input type="checkbox"/> Other intervention studies, including behavioral (specify)</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Other intervention studies, including behavioral (specify)</p> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Observational epidemiology studies (e.g., case control, retrospective, prospective)</p>	<p><input type="checkbox"/> Observational epidemiology studies (e.g., case control, retrospective, prospective)</p>
<p><input type="checkbox"/> Other observational studies (specify)</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Other observational studies (specify)</p> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Outcomes research (e.g., delivery of care, cost-effectiveness)</p>	<p><input type="checkbox"/> Outcomes research (e.g., delivery of care, cost-effectiveness)</p>
<p><input type="checkbox"/> Best practice modeling</p>	<p><input type="checkbox"/> Best practice modeling</p>
<p><input type="checkbox"/> Methodological research</p>	<p><input type="checkbox"/> Methodological research</p>
<p><input type="checkbox"/> Other (specify) _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Other (specify) _____</p> <p>_____</p> <p>_____</p>

B6. Please list the primary diseases, conditions, behaviors, or special subject areas that are currently being studied by this network.

B7. Does this network currently focus specifically on... (Select all that apply.)

- Children under the age of 18
 - People aged 65 and older
 - Males or gender-specific male illnesses or conditions
 - Females or gender-specific female illnesses or conditions
 - Minority populations
 - Underserved or rural populations
 - Any other special population (specify) _____
-
-
-

Part C. Online Inventory Web Site Questions

C1. Please consider including the information you have provided about your network in Part B (General Research Network Characteristics) of this survey in an online inventory. This inventory will be available to clinical researchers and other interested individuals. Do we have your permission to list this Part B information in the publicly accessible online inventory?

- Yes, include my Part B survey responses in the online inventory.
- No, do not include my Part B survey responses in the online inventory.

C2. Please consider including network contact information for your network in the online inventory. Do we have your permission to list your network contact information in the publicly accessible online inventory?

- Yes, include my network contact information in the online inventory.
- No, do not include my network contact information in the online inventory.

C3. If you agree to have your contact information included, please provide the information as you would like it to be displayed.

Prefix:	First Name:	Middle Name/Initial:	Last Name:	Suffix:
_____	_____	_____	_____	_____

Title: _____

Organization: _____

Department: _____

Street Address: _____

City:	State/Region/ Province:	Zip/Postal code:
_____	_____	_____

Country: _____

Telephone: _____

Email: _____

Web site: _____

SUBMISSION INSTRUCTIONS

Thank you very much for completing the IECRN Core Survey. Please make a copy of the completed survey for your reference. If you have questions/concerns regarding this survey, please contact us at 1-877-885-1122 or Help@clinicalresearchnetworks.org. If you are located outside of the United States, please call collect using the following telephone number once you have reached the United States: 240-314-7580.

Please return the survey in the enclosed prepaid envelope to:

Westat
Attn: Lauren Laimon
WB 413
1650 Research Boulevard
Rockville, Maryland 20850

Or fax it to 1-877-885-9653.

If you are outside of the United States, please use the following fax number after you have reached the United States: 240-314-2559.