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<b>STUDY SUBMISSION FORM: ADDITIONAL STUDY LOCATION</b>	
<b>1.</b>	<b>Sponsor:</b> _____ <b>Protocol No.:</b> _____
<b>2.</b>	<b>Principal Investigator:</b> _____
<b>A.</b>	Address of the additional study location: _____ _____
	Phone: _____ Fax: _____
<b>B.</b>	Will the Principal Investigator be supervising at this location: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C.</b>	Contact name: _____
	Phone: _____ Fax: _____
<b>3.</b>	<b>The following Sub-investigator(s) will be working out of this location</b> _____ _____
<b>4.</b>	<b>Nature of additional facility:</b>
	<input type="checkbox"/> Private Practice <input type="checkbox"/> Clinic
	<input type="checkbox"/> Hospital* <input type="checkbox"/> Other:
	<input type="checkbox"/> Research Facility
	* Include letter from appropriate hospital official indication that study may take place at facility.
<b>A.</b>	Distance of emergency facility from study site:
<b>B.</b>	Emergency equipment at study site:
<b>C.</b>	Who will explain the study to subjects and obtain consent at the site?
<b>5.</b>	<b>Subjects/Demographics</b>
	Will subjects who do not understand English be enrolled at this location? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, the consent form will be translated into:
	<input type="checkbox"/> : Spanish <input type="checkbox"/> : _____ <input type="checkbox"/> : _____ <input type="checkbox"/> : _____
<b>6.</b>	<b>Comments:</b> _____ _____
<b>Principal Investigator Signature:</b> _____	
<b>Date:</b> _____	