

PROKIIDS Site Evaluation Survey

Please email the completed survey to Alandra Weaver (aweaver@ccfa.org)

Study Site/Institution Name: _____

Principal Investigator's Name: _____

Principal Investigator's Email Address: _____

Principal Investigator's Phone: _____

Other investigators at site, who wish to be part of PROKIIDS

Names:

Email Addresses:

Description of Site:

- Academic institution
 Private practice
 Other (please specify)

Approx. how many IBD patients are currently treated at your site: _____

How many diagnoses of IBD per year?

Why is your Institution interested in joining the PROKIIDS network?

Describe the staff at your site that would support the administrative conduct of this study (*study coordinator, research office, laboratory for processing samples*)

Lead Coordinator's Name: _____

Lead Coordinator's Email Address: _____

Lead Coordinator's Phone: _____

Principal Investigator's Signature _____ **Date** _____