*This is a Word document using Text Form Fields. Click on the boxes to type in necessary information.*

Institution Name:

Address:

City:      State:       Zip:

Contact Info: Name:       Phone:       Email:

1. Is there a dedicated amyloidosis program at the institution? YES  NO

2. Is the program multi-disciplinary? YES  NO

3. Approximately how many amyloid patients do you see each month?

4. Which types of amyloid do you treat?

5. Do you participate in clinical trials? YES  NO

If so, which trials?

Are any of your team members a principal investigator on a clinical trial?

YES  NO

If so, which one(s)?

6. Have any of your team members authorized or co-authored journal articles?

YES  NO

If so please list, title, journal and date of publication:

7. Have any of your team members presented oral or poster presentations at any of the major cardiology meetings/conferences?

YES  NO

If so what meetings/conferences: