*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: