



Investigator Sponsored Research (ISR): Investigator Qualification Form

*To be completed by Investigator at time of proposal submission. Please note, all fields are required.
If not applicable please indicate N/A.*

ISR Investigator Qualification Form		
INVESTIGATOR INFORMATION		
Full Name (First, Last)		
Title		
Institution		
Address		
Telephone Number		
Email Address		
PRIOR RESEARCH EXPERIENCE		
1. Have you ever participated in an Akebia sponsored trial?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, specify the following and SKIP Questions 2 and 3:	
	Drug Name(s)?	
	Protocol Number(s)?	
	Dates of Trial Participation?	
2. Have you received GCP training the past 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, specify the following:	
	When was your last GCP training?	
	Type of training received?	
3. List trial experience.		

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4. Number of ongoing clinical/non-clinical trials?				
5. Have you or your site been inspected by a Health Authority, IRB/EC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	If YES, specify the following:			
	Which Health Authority?			
	Date of last inspection?			
6. Have you or your site been inspected by the FDA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	If YES, specify the following:			
	Date of inspection?			
	Did the FDA issue a FDA483 form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	If YES, provide details of the main observations.			
INVESTIGATOR QUALIFICATION/EVALUATION				
Degree				
Specialty				
Board Certification or equivalent according to local regulations				
Medical License/proof of right to practice (eg Medical License number), or equivalent according to local regulations				
<input type="checkbox"/> Check if current CV is attached (required to be included)				