



Feasibility Assessment Questionnaire

In case you are not interested, please feel free to recommend other investigators with appropriate clinical research experience who could be potential investigators for this study:

Name: _____

Name: _____

Institution/Hospital: _____

Institution/Hospital: _____

City: _____

City: _____

Phone number: (_____) _____ - _____

Phone number: (_____) _____

_____ - _____

Email address: _____

Email address: _____

Name: JERZY BIAŁECKI

Signature: Jerry Bialicki

Date: 22 Oct 2020

Thank you very much for your time to complete this questionnaire!