



## Feasibility Assessment Questionnaire

### Contact Information

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### Questionnaire:

1. Do you anticipate potential sub-investigators would be available to assist with subject identification, consenting and enrollment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. How many individuals will be performing screening & enrollment activities?	3	
3. Would you have sufficient and trained staff available to work on the proposed Delta Revision Cup Study?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Based on the key inclusion/exclusion criteria noted, how many patients would you expect to enroll per month?	2 Patients per month	