



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: JERRY BIAŁECKI

Signature: Jerry Białecki

Date: 22.01.2020

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