



Feasibility Assessment Questionnaire

Contact Information

Name of Potential Investigator: Jerzy Bialecki

Institution/Hospital: Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP

Address: Księcia Stanisława Konarskiego, 13

City/Country: 05-400 Otwock/Poland

Phone number: (0048) 602 - 378640

Email address: Jerzybialecki@pro.onet.pl

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