

Clinical Investigator Questionnaire

Please complete this questionnaire to the best of your ability and attach any additional pages for further information.

Contact Information	
Clinic name:	
Clinic location:	
Is the clinic associated with Yale Medical Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Department:	
Clinic manager:	
Email:	
Phone:	Fax:
Type of Clinic	
Please provide a brief description of the clinical activities and procedures:	
Will this clinic accept Medicare and/or Medicaid patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	
General Space Needs	
Current space allocation (in gross square feet):	
Desired space configuration:	
Desired number and size of offices and desk spaces:	
Number of exam rooms:	
Number of treatment/procedure rooms:	
List all high-level disinfectants used:	
List any special security or access controls needed:	

Please answer Yes or No to each of the following:	
Will phlebotomy be conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will an autoclave be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a centrifuge be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will safe sharps devices (syringes or needles) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will automated external defibrillators (AEDs) be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Utility Needs

Please check each of the electrical needs that will be required:	
<input type="checkbox"/> 220 V <input type="checkbox"/> 480 V <input type="checkbox"/> Other voltages <input type="checkbox"/> One phase <input type="checkbox"/> Three phase	
List any backup or alternate power requirements:	
List any temperature, humidity and/or dust control measures:	
List any alarm or special monitoring systems (other than fire/smoke):	
List any other special utility needs:	

Basic Lab Furnishings and Support

Please answer Yes or No to indicate if each of the following will be required:	
Benches or cabinetry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biological safety cabinets	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clean utility room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dirty/soiled utility room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autoclaves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinks (including need for an eyewash)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lab supply storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waste storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other special storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other special equipment installation (if yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Chemicals and Work

Please provide a general description of your anticipated work with chemicals:

Please complete the following with your anticipated compressed gas use:

Gas	Quantity	Purity	Est. Consumption Rate

Will a compressed manifold system be needed? Yes No

Please indicate if you will be working with the following cryogenic liquids:

N₂ He Other (list other):

Please list approximate volumes and consumption rates if more than 5-10 liters will be needed at any one time. Identify chemicals and volumes used/stored (i.e. ethanol, glutaraldehyde, formaldehyde, etc.):

Chemical	Volume

Will flammable solvent storage cabinets be required? Yes No

Will chemical safety controls/equipment be required? Yes No

Will snorkel or other dedicated exhaust devices be required? Yes No

Will fume hoods be required? Yes No (If yes, indicate the number, size, style and general uses):

Additional needs:

Controlled Substances in Clinical Work

Do you plan any work with controlled substances in your clinical work?
(If yes, list the controlled substances and approximate quantities):

Yes No

Data and Communications

Please answer Yes or No to indicate if each of the following will be required:

Phone lines

Yes No

Ethernet access

Yes No

Phone jacks (if yes, please indicate quantity and locations):

Yes No

Please indicate other data/communications needs that will be required:

Tranferring Equipment or Supplies to Yale

If you are transferring equipment or supplies from your current institution to Yale University, please review the following:

- Any potentially contaminated equipment must be appropriately surveyed prior to leaving its current location. Written records of the survey(s) must accompany the equipment and any needed decontamination efforts must also be documented and accompany the equipment. Contact Yale Environmental Health and Safety (EHS) for more information.
- Biological safety cabinets must be registered with Yale EHS and placed on its annual testing and certification program. The clinical department is responsible for the costs of this work.
- Automated film processors must also be placed on a Yale University service and maintenance contract. The clinical department is responsible for the costs of this work.
- “Ductless” fume hoods are prohibited unless prior approval is granted by Yale EHS.
- Contact Yale EHS prior to shipping any hazardous materials to your new laboratory. This will ensure that we can safely and legally accept the materials and ensure that any unusual materials are appropriately accounted for.
- Biological materials, hazardous chemicals and radioactive materials must be packaged, manifested and shipped to Yale Univerity under applicable DOT regulations. It is essential that you receive written authorization from both the source institution and Yale University prior to shipping or otherwise transporting any hazardous materials.
- Refer to Yale University’s Policy 3220 Purchase of Restricted Items for further information about prohibited or controlled materials:
<https://your.yale.edu/policies-procedures/policies/3220-purchase-restricted-items>

Yale Contact Information

Departmental Business Manager/Administrator:

Project Manager/Facilities Coordinator:

