



DISTINGUISHED INVESTIGATORS of THERANOSTICS APPLICATION



INVESTIGATOR CONTACT INFORMATION

INVESTIGATOR:

Last Name: _____ First Name: _____ Title/Degree: _____

Address: _____ Country: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____

ASSISTANT CONTACT INFO:

Name: _____ Phone: _____ Email: _____

MEDICAL BACKGROUND

School: _____ Medical Degree: _____ Year: _____

Country: _____ City: _____ State: _____

Board Certification(s): _____

Current Institution: _____ Institution Title: _____

THERANOSTIC RESEARCH BACKGROUND

Responses are all for You as an individual investigator, not your Institution

Number of Years as Investigator (PI, Sub-I) for Clinical Trials Post Training: _____ Years

Number of patients You have enrolled on Theranostic Trials (Imaging & Therapeutic): _____ Patients

Number of Phase 1 Theranostic Trials that You Served as PI: _____ Trials

Number of Phase 2 or 3 Theranostic Trials that You Served as PI: _____ Trials

Total Number of **THERAPEUTIC** Theranostic Trials that You Served as PI: _____ Trials

Total Number of **IMAGING** Theranostic Trials that You Served as PI: _____ Trials

Number of Isotopes that You have been involved with on Clinical Trials: _____ Isotopes

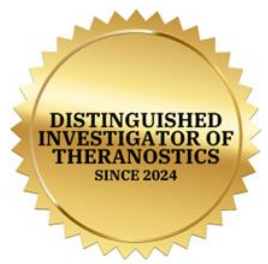
Circle All that Apply: Lu¹⁷⁷ Ac²²⁵ Th²²⁷ Cu⁶⁷ Pb²¹² Ra²²³ Y⁹⁰ I¹³¹ At²¹¹ Tb¹⁶¹ Re¹⁸⁶ Re¹⁸⁸ Ga⁶⁸ F¹⁸ Cu⁶⁴ In¹¹¹ Pb²⁰³ Zr⁸⁹

Number of Manuscript Authorships regarding Theranostic Trials: _____

Number of Abstracts/Posters/Oral Presentations regarding Theranostic Trials: _____



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Phase 1 THERANOSTIC Trials Served as PI/Co-PI (Up to 6)		
NCT #	Phase of Trial	Name of Trial

Phase 2/3 THERANOSTIC Trials Served as PI/Co-PI (Up to 6)		
NCT #	Phase of Trial	Name of Trial

“THERAPEUTIC” THERANOSTIC Trials Served as PI/Co-PI (Up to 6)		
NCT #	Phase of Trial	Name of Trial

“IMAGING” THERANOSTIC Trials Served as PI/Co-PI (Up to 8)		
NCT #	Phase of Trial	Name of Trial

MANUSCRIPT AUTHORSHIPS for THERANOSTIC TRIALS (Up to 4)		
Title	Journal	Year

