



Request for Membership

Please provide your contact information.

Name _____

Affiliation _____

Position _____

Contact Information

Phone: _____

Fax: _____

Mailing Address: _____

City: _____ State: _____

Zip code: _____

Email Address: _____

Site URL (if applicable): _____

Please return this form to:

NEALS Coordination Center
ATTN: NEALS Program Manager
Mass. General Hospital East
Building 149, Room 2274
13th Street
Charlestown, MA 02129
Ph: 617.724.7398
Fx: 617.724.7290



ALS Trial Resources Survey

Please answer all that apply to your site's facilities, to help us maintain a comprehensive inventory of our sites' resources and capabilities.

Outcome Measures

	Yes	No
Quantitative Muscle Testing equipment	<input type="checkbox"/>	<input type="checkbox"/>
Hand-Held Dynamometer	<input type="checkbox"/>	<input type="checkbox"/>
Motor Unit Number Estimation (MUNE)	<input type="checkbox"/>	<input type="checkbox"/>
Spirometer	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please note make and model number:

Research Imaging Access

	Yes	No
Magnetic Resonance Imaging (MRI)	<input type="checkbox"/>	<input type="checkbox"/>
Spectroscopy	<input type="checkbox"/>	<input type="checkbox"/>
Positron Emissions Topography (PET)	<input type="checkbox"/>	<input type="checkbox"/>
Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>

Auxiliary Research Modalities

Please list any other research modalities at your site.

Other Resources and Equipment

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refrigerator		
-20 degree freezer	<input type="checkbox"/>	<input type="checkbox"/>
-80 degree freezer	<input type="checkbox"/>	<input type="checkbox"/>
General Clinical Research Center (GCRC)	<input type="checkbox"/>	<input type="checkbox"/>
EKG Machine	<input type="checkbox"/>	<input type="checkbox"/>
Dry Ice	<input type="checkbox"/>	<input type="checkbox"/>
Centrifuge	Regular <input type="checkbox"/>	High-speed <input type="checkbox"/>
		N/A <input type="checkbox"/>

If high-speed, please specify speed in RPM.



ALS Trial Resources Survey cont'd

Please answer all that apply to your site's facilities, to help us maintain a comprehensive inventory of our sites' resources and capabilities.

ALS Trials Experience

Please list each ALS trial your site has been associated with.

ALS Trial Name	Enrollment Start and End Dates	Target Enrollment Number	No. of Subjects Enrolled	No. of Subjects Completed

ALS Patient Base

How many ALS patients total does your site follow per year? _____

How many new ALS patients has your site seen in the last 12 months? _____

