**LITES Participation Request Form**

If you are interested in being considered for participation in future LITES network studies, please complete this form and submit it along with the other required documents. Every task order is unique so sites are selected for participation based on the objectives of each task order and the site’s readiness to participate.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Does your institution have an agreement in place with Smart central IRB? <https://smartirb.org/> 2. If No, is the institution willing/able to join Smart IRB? | | Yes  No  Yes  No | |
| 1. Have you ever participated in an EFIC trial? <https://www.fda.gov/RegulatoryInformation/Guidances/ucm126482.htm>    1. If Yes, what is the name of the most recent EFIC trial in which your site has participated? | | Yes  No  Click or tap here to enter text. | |
| 1. What current trials are you participating in? 2. What trials have you participated in? 3. What upcoming trials are you planning to participate in? | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | |
| 1. Do you have research staff available 24 hours a day? | | Yes  No | |
| 1. Who is your institution’s current in-hospital electronic health record (EHR) vendor? | | Cerner  Epic  Other, specify:  Click or tap here to enter text. | |
| 1. What are your annual trauma admissions? 2. How many of these are penetrating? 3. How many have an **ISS > 9**? 4. How many have an **ISS > 16**? 5. How many have a Head **AIS > 3**? 6. What percentage of your trauma are brought via air medical service? 7. What percentage are directly from scene? 8. What percentage are inter-hospital transfer? | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | |
| 1. Do you use TEG or ROTEM clinically? 2. For research? | | Yes  No  Yes  No | |
| 1. Who are your top 3 EMS referring agencies? What chart system do they use? Do they have blood products? | | | |
| Agency Name   1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. | Chart System  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | Blood products?  Yes No  Yes No  Yes No |