

# Investigator Demographic Form

International Health Management Associates, Inc.

Antimicrobial Testing Leadership And Surveillance (ATLAS)

4747-88310

## Enter all that apply:

Contact Person:	Jose Antonio Lepe	Tel:	_____
Hospital Name:	Hospital Universitario Virgen del Rocío	Fax:	_____
Shipping Address:	Servicio de Microbiología	Other:	_____
<small>No P.O. boxes please! Overnight couriers will not deliver to P.O. boxes</small>	Edificio de laboratorios, segunda planta		
Postal Code/City:	41013 / Seville		
Country:	Spain		

Email Address: \_\_\_\_\_

Type of Hospital/Lab:  University  State  Reference Lab  
 Community  Private  Other: \_\_\_\_\_

No. of Beds in Hospital <sup>1251</sup> \_\_\_\_\_

No. of Susceptibility Tests/Day: <sup>150</sup> \_\_\_\_\_ % from outpatients <sup>30</sup> \_\_\_\_\_

Comments:

Once completed email back to \_\_\_\_\_ or fax to \_\_\_\_\_  
Mail the original to IHMA to the attention of Dilcia Jaimes

\_\_\_\_\_

# Participation Agreement

International Health Management Associates, Inc.

## Antimicrobial Testing Leadership And Surveillance (ATLAS)

Institution Name: FUNDACIN FISEVI

Investigator Name: JosÈ CaÒl Campos

As a contributing investigator in the **Antimicrobial Testing Leadership And Surveillance (ATLAS)** program, we at Fundación Pública Andaluza para la Gestión de la Investigación en Salud de (INSTITUTION)  
(Institution Name)

agree to collect, test and ship up to 272 viable, study isolates. Payment is USD25.00 per viable study isolate, not to exceed 272 isolates, and not to exceed USD6,800.00 in total. **International Health Management Associates, Inc. (IHMA)** may use any data, specimens and materials submitted to them for any purpose public or private and that any such data, specimens, materials and resulting publications shall otherwise become the exclusive property of **IHMA** and **Pfizer Inc.**

NOTE: Payments will be adjusted according to the actual number of isolates collected and satisfactorily completed worksheets (including satisfactory resolution of all data inquiries and deficiencies therein) received by IHMA. In no event will the amount of the payment be more than the total maximum amount of the Grant.\* It is expected that the isolates and worksheets will be received by IHMA in accordance with the outlined schedule and no later than within thirty (30) days of the completion of the collection of 272 isolates or within thirty (30) days after the end of the given collection year. Final payment will be adjusted if the worksheets are not received within this specified time.

\* Upon receipt by IHMA of paperwork satisfactorily evidencing that the amount is due and payable as reasonably determined by IHMA, a check for the applicable amount is generally issued by IHMA within 60 days.

It is further understood that the name of the above-mentioned institution or facility may be used in or in conjunction with any publication(s) or presentation(s) pertaining to the data, specimens or materials submitted to **IHMA** without further consent unless permission is specifically denied in writing or by indicating in the designated box below.

Please, **DO NOT** use the name of the institution and/or individual listed in this agreement in conjunction or association with any publication(s) or presentation(s).

**INSTITUTION** and Investigator acknowledges that **IHMA** and **Pfizer Inc.**'s corporate policy requires that **Pfizer Inc.**'s business must be conducted within the letter and spirit of the law. By signing this Agreement, **INSTITUTION** and Investigator agree to conduct the business contemplated herein in a manner, which is consistent with both law and good business ethics.

Unless we agree otherwise, payments will be made only for isolates as specified in the study protocol. **IHMA** reserves the

right to terminate this study at any time. **IHMA** will reimburse **INSTITUTION** for all pro rata costs incurred up to termination, not to exceed the maximum grant.

Additionally, **INSTITUTION** may reserve the right to terminate their participation in the study through express written notification thirty (30) days prior to termination date. **INSTITUTION** will be reimbursed for all pro rata costs incurred up to termination not to exceed the maximum study grant. If, at termination of the study, the total amount that **IHMA** has paid you exceeds the amount to which you are entitled, you will return the difference to **IHMA** within sixty (60) days of termination date.

If these terms are acceptable, please have the appropriate authorized individual sign two copies of this letter, retain one copy for your files, and return one copy to IHMA via fax or mail.

[Redacted Signature]

Aaron Johnson  
Project Director, Team Lead Surveillance Studies  
IHMA, Inc.

[Redacted Date]

Date Signed

By signing below, I acknowledge that I am authorized to accept the terms of this agreement/budget on behalf of Institution.

[Redacted Signature]

17/03/2023  
Date Signed

Jose Caetano Campos  
Please Print Authorized Agent Name

I hereby agree to the multi-year option for the ATLAS program through 2025

Yes

No, agreement is for 2022 only

[Redacted Signature]

# Laboratory Questionnaire Page 1

## Antimicrobial Testing Leadership And Surveillance (ATLAS)

Please complete the following questions to the best of your knowledge and return by email ([REDACTED] - [REDACTED]). This information is used to assist IHMA in determining what additional supplies or training may be required for ATLAS participation.

1. Would you like to sign-up as a multi-year participant in the ATLAS program?

Yes, I would like to enroll in ATLAS for 2022-2025.

No, I would like to sign up for 2022 only.

2. What primary system(s) does your laboratory use for the identification of organisms:

- MicroScan (Siemens)
- Vitek (bioMérieux)
- RapID System (Remel)
- API (bioMérieux)
- BBL Crystal (Becton-Dickinson)
- Phoenix (Becton-Dickinson)
- Sensititre (Trek Diagnostics)
- Maldi-tof (Bruker)

Other: \_\_\_\_\_

3. What primary system(s) does your laboratory use for susceptibility testing of organisms:

- MicroScan (Siemens)
- Vitek (bioMérieux)
- Phoenix (Becton-Dickinson)
- Sensititre (Trek Diagnostics)

Other: \_\_\_\_\_

4. Indicate the method used in your laboratory to store isolates long-term:

- Ultra Low Cryo-freezer (< -80°C)
- Cryo-freezer (-70°C to -20°C)
- Conventional Freezer (-20°C to 0°C)
- Lyophilizer

5. Estimate how many months you would need to collect the number of isolates from study initiation date:

12 Months 30 *Acinetobacter* spp.

12 Months 5 *Citrobacter* spp.

12 Months 10 *Enterobacter* spp.

12 Months 25 *Escherichia coli*

12 Months 10 *Haemophilus influenzae*

12 Months 35 *Klebsiella* spp.

12 Months 3 *Morganella morganii*

12 Months 3 *Proteus vulgaris*

12 Months 3 *Proteus mirabilis*

12 Months 3 *Providencia* spp.

12 Months 40 *Pseudomonas aeruginosa*

12 Months 5 *Serratia marcescens*

12 Months 10 *Enterococcus faecalis*

12 Months 5 *Enterococcus faecium*

12 Months 5 *Moraxella catarrhalis*

12 Months 45 *Staphylococcus aureus*

12 Months 5 *Staphylococcus epidermidis*

12 Months 5 *Staphylococcus haemolyticus*

12 Months 15 *Streptococcus pneumoniae*

12 Months 10 beta-Hemolytic *Streptococci*

Once completed email back to [REDACTED] or fax to IHMA at [REDACTED]  
Mail the original to IHMA to the attention of Dilcia Jaimes

# Laboratory Questionnaire Page 2

International Health Management Associates, Inc.

## Antimicrobial Testing Leadership And Surveillance (ATLAS)

Please complete the following questions to the best of your knowledge and return by email ( ) or fax ( ) . This information is used to assist IHMA in determining what additional supplies or training may be required for ATLAS participation.

6. IHMA's preferred courier for this study is Federal Express (FedEx). Please indicate if FedEx offers door to door service for the transport of infectious substances to and from your laboratory?

Yes  No  Unknown

7. Are there personnel employed in your hospital/institution that have been trained and certified (current certificate) for the packaging and transport of infectious substances as outlined by the IATA/ICAO guidelines?

Yes  No  Unknown

8. Are there any issues with shipping supplies to your site, or are there any issues shipping isolates to IHMA of which we should be aware (i.e. Pro-forma invoice, import/export permissions, courier problems, etc.)?

No

Yes (please indicate in the comment section)

Comment(s) about any question above (if any):

9. In many countries our courier companies have required a Tax ID to complete customs clearance and delivery of the study supplies. Please provide us with the Tax ID for your institution.

TAX ID: \_\_\_\_\_

Once completed email back to \_\_\_\_\_ or fax to IHMA at \_\_\_\_\_  
Mail the original to IHMA to the attention of Dilcia Jaimes