

Clinical Resource Center Agreement



3300 Ponce de Leon Blvd.
Coral Gables, FL 33134
(877) 228-7321
www.alpha1.org

Date _____

Name of Facility _____

Address _____

Telephone & Fax Number _____

Email address _____

Obligations of your facility as a CRC

1. Successfully complete the CRC qualification test
2. Encourage all Alpha-1 Antitrypsin Deficiency (Alpha-1) patients to enroll in the Alpha-1 Foundation Research Registry
3. Maintain a vigorous Alpha-1 testing program per Foundation standards and guidelines
4. Serve as an Alpha-1 resource to the medical community
5. Provide Alpha-1 education to physicians and healthcare professionals (Grand Rounds, professional organization meeting)
6. Engage with the Alpha-1 community to adopt, align with or create a local support group(s)
7. Participate in Community events sponsored by the Foundation
8. Every 2 years, provide information regarding Alpha-1 research activities at your site if applicable and copies of your publications if any
9. Demonstrate participation in meetings, research or scholarly activities related to Alpha-1
10. Participate in evaluation process and provide information requested by the Foundation

Obligations of the Alpha-1 Foundation

1. Serve as a resource for the CRC physicians by providing the expertise and knowledge of the Alpha-1 Foundation staff including consultation with the Foundation's Clinical and Scientific Directors
2. Refer patients to your site, based on patient preference and location
3. Provide updates of the Medical and Scientific Advisory Committee and the CRC Working Group
4. Notify your facility of Alpha-1 Foundation Research opportunities
5. Provide educational materials to your facility (A1F slide set)
6. Provide assistance with promotion of local CRC events
7. Assist with local CRC testing initiatives
8. List your facility on the Alpha-1 Foundation website www.alpha1.org
9. Assist with media exposure opportunities
10. Organize a bi-annual meeting for Clinical Resource Center physicians

Agreement accepted and signed by CRC

I have read the obligations listed above and understand that non-compliance may result in loss of Alpha-1 Foundation's designation of my facility as a Clinical Resource Center. It is expected that all obligations be met within a 2 year period.

Physician's Name

Signature

Date

Alpha-1 Staff

Signature

PLEASE **EMAIL** COMPLETED FORM TO: DAVID FERNANDEZ AT DFERNANDEZ@ALPHA1.ORG