

# AOTrauma clinical study

Please complete the survey below.

Thank you!

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## General information

I am interested in participating in this clinical study and I wish to receive more information about the study design.

- Yes  
 No

Name of clinic / hospital / organization

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Name of department

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Address (Line 1)

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Address (Line 2)

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City

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Postal code

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Country

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Region

- Africa  
 Asia-Pacific  
 Europe  
 Latin America  
 Middle East  
 North America

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## Hip fractures

Approximate number of surgically treated hip fractures in patients aged 65 years and older

\_\_\_\_\_ (per year)

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## Appointed investigator details:

**Note: Please first discuss within your team who will be the appointed investigator for this study. Multiple applications from the same department will not be accepted.**

First name of appointed investigator

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Last name of appointed investigator

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E-mail address of appointed investigator

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Telephone number of appointed investigator

\_\_\_\_\_ (Including country code)

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**Study nurse / study coordinator details:**

First name of study nurse / study coordinator \_\_\_\_\_

Last name of study nurse / study coordinator \_\_\_\_\_

E-mail address of study nurse / study coordinator \_\_\_\_\_

Telephone number of study nurse / study coordinator \_\_\_\_\_  
(Including country code)

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**Comments**

Comments \_\_\_\_\_