

Third-Party Survey Order Form



This document describes available means for members and others who are interested in surveying members of the Society for Maternal-Fetal Medicine. **E-mail addresses are not available for sale.**

The Society for Maternal-Fetal Medicine will post third-party surveys of interest to SMFM members on our Surveys of Interest website. To have your survey listed on the SMFM, please complete the following form, which will be reviewed by SMFM's Survey Review Task Force. If your survey is accepted for posting, please note that the posting is for informational purposes only, SMFM does not guarantee member response, and the posting does not constitute an endorsement from the Society.

Full Name:

Company/Affiliation:

Email:

Phone:

Address:

City:

State:

Zip:

Survey Title:

Survey Link:

Intended Audience:

Investigator Name/Affiliation:

Description of Survey including respondent requirements (ie, must be MFM board certified to respond to this survey)

Survey Open Date

Survey Close Date

IRB Approval Letter

IRB Exemption Letter

Third-Party Survey Order Form



A pre-payment is required on all orders. SMFM does not accept purchase orders or invoices.

The sum covers the cost of a six(6) month posting of your survey, which first must be reviewed and approved by the SMFM Survey Review Task Force. **Please do not submit payment until you have been notified by SMFM staff.** Approved surveys with complete payment will be posted on the SMFM Survey of Interest web page and accessible to SMFM members only.

Payment Options:

[Click here to pay online](#)

If paying by check, make check payable to the **Society for Maternal-Fetal Medicine** and remit to:
P.O. Box 420016
Washington, DC 20042

If you have any questions, please email us at smfm@smfm.org with the subject line: *Surveys of Interest*.

For SMFM use only:

Approved by Survey Review Task Force

Yes

No

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