

Request for Scientific and Administrative Review of a Protocol

Please complete this form and send it with your RIRC submission

1. Study Title:

2. P.I.:	Name	E-mail Address	Phone No.
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Address	Department	Specialty
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Co-PI(s):	Name	E-mail Address	Phone No.
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3. Please suggest a colleague you consider qualified to review your protocol whom we may contact if we need help evaluating the medical science aspects of your protocol.

Name of Potential Reviewer	E-mail Address	Phone No.
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4. Study Type: Industry Initiated QMC Investigator Initiated Non-QMC Investigator Initiated
(Check all that apply)

Phase I Phase II Phase III Phase IV

Prevention Treatment Symptom Management

Cancer Control CCOP Cooperative Group (Non-CCOP) Academia

Single Center Multi-Center

5. Primary Study Treatment: Chemotherapy Prevention Quality of Life
(Check all that apply)

Radiation Other: _____

6. Cancer Site (if applicable): Breast Lung Colorectal Prostate

Lymphoma Leukemia Other: _____

7. Sponsor Type: Investigator Industry Grant Other: _____

8. Sponsor Name:

9. Submission Type: Prospective Retrospective Other: _____

10. Estimated patient enrollment:**11. Contract Status:**

If your study is ONCOLOGY-RELATED, please answer below:

12. Do you allow RPD to share the title of your study with the Oncology Clinical Trial Task Force (OCTTF) while it is being submitted to SAR (your answer will not impact the decision of your protocol application)? yes no

13. Do you allow RPD to share your contact information with the Oncology Clinical Trial Task Force (OCTTF) if they would like information on your study (your answer will not impact the decision of your protocol application)? yes no