Oncology Scientific Review Committee (OSRC)

Clinical Trials Application Form

Introductory Information

Principal Investigator	
Address	
Email address	
Telephone number(s)	

Protocol Number	
Protocol Title (complete)	

Study Category (√)

Yes	No	
		Does this study involve **treatment** of patients with cancer?
		Does this study involve **prevention of** cancer?
		Does this study involve **detection** of cancer?
		Does this study involve **cancer care delivery**?

Additional Information (√)

Yes	No	
		Is this part of a large cooperative group trial (SWOG, NRG, Alliance,etc)?
		Is this part of a multi-center pharmaceutical sponsored trial?
		Is this a TriHealth Investigator initiated trial?
		Is this a retrospective study?
		Does the study require collection of fresh tissue or tissue banking?
		Does the study involve gene therapy?
		Does the study include any quality of life components?
		Does the study include any payment or stipend to subjects?

National Clinical Trials 8-digit (NCT) Number: NCT__

Primary site(s) of disease to be studied (√):

	Anus		Lip, Oral Cavity, Pharynx		Soft tissue
	Bone		Liver		Stomach
	Breast		Lung		Other:
	Cervix		Ovary		Other:
	Colon		Pancreas	Liquid Tumors	
	Endometriaum		Peritoneal, primary		Leukemia: Sub-type-
	Esophagus		Prostate		Lymphoma: Sub-type-
	Fallopian Tube		Renal/kidney		MDS
	Larynx		Sm. Intestine		Multiple Myeloma

Duration: What is the expected duration of the study?

a. Enrollment period
b. Data collection period

Enrollment:

a. What is the expected **global enrollment** of the study?
b. What is the expected **enrollment at TriHealth site(s)**?

Will any satellite location(s) be used? □ Yes □ No

If yes, list all locations:

_____
_____

What is the evidence for expected accrual estimated on this application?

_____
_____

Protocol Submission Process:

Oncology related clinical trials performed at TriHealth are reviewed for scientific merit and feasibility by the OSRC. Submission guidelines are outlined below:

1. Complete OSRC Application Form and transmit completed application to the OSRC Coordinator
2. Preferred method of transmission is e-mail to OSRC Coordinator at yunmi_kwon@trihealth.com
   Alternately, completed application can be faxed to 513-852-8719
3. You will receive an e-mail acknowledgment receipt of the application
4. After OSRC has reviewed the proposed study, and all pending issues have been resolved, an e-mail will be sent indicating approval or denial of your protocol submission

Please contact Yun Mi Kwon at 513-853-1319 for any questions regarding your submission.