**PRMC Protocol Submission Form**

PROTOCOL NUMBER/TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by Disease Team**

**This protocol was presented, discussed, and accepted at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease Team meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: Disease Team Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Is there advocacy for this trial? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, it is not necessary to complete Questions 2.

If YES, is there a competing study? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES complete item 2.

2. If YES to competing study, please prioritize accrual to a study number

1) highest priority (1st for accrual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ study name

2) high priority (2nd for accrual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ study name

3) priority(3rd for accrual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ study name

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Projected 1-year accrual goal from time of activation: \_\_\_\_\_ patients Estimated time of accrual \_\_\_\_\_\_\_\_\_\_\_\_months**

Priority Scoring System: **1**-Outstanding, **2**- Excellent, **3** - Good, **4** - Acceptable, **5** - Not Scientifically Meritorious

**Note:** Best score for pharmaceutical and cooperative group trials is 3- Good

**Disease Team’s**

**Scientific Priority Score: \_\_\_\_\_\_\_ Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participating Facilities: MBRCC MBRCC Affiliates Other\_\_\_\_\_\_\_\_\_\_\_

**PI Conflict of Interest: To be completed by PI/Study Chair.**

**To be completed by Principal Investigator**

**Defined by WVU Conflict of Interest in Research policy. (see http://oric.research.wvu.edu/conint)**

□ I have no financial interest(s) in the sponsor(s) of this study

□ I have financial interest(s) in one or more sponsor(s) of this study. Please elaborate using a separate sheet.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PI/Study Chair Print Name**

**Investigator-Initiated Trials**

Has a study budget been drafted with CTRU input? YES NO

If YES, please attach budget.

If NO, please contact CTRU Director for guidance at 304-293-4944

Has funding been secured to support the entire study? YES NO

If YES please provide name of sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If NO, has a funding source been identified YES NO

If YES, please provide expected date when funds will be available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

If NO, please contact Cancer Center Director’s Office for guidance

**\*Studies involving an intervention (e.g., drug, device, biospecimen sampling, etc.) will require an assigned CTRU Study Coordinator and a funding source prior to activation.**