



TITLE

Protocol version date:

IRB#

For trials with a radiation component, please obtain RT signature.
For LAPS trials, obtain LAPS Lead PI signature.

<input type="checkbox"/> BMT/ Heme Dan Pollyea Tomer Mark	<input type="checkbox"/> GU Thomas Flaig Elizabeth Kessler	<input type="checkbox"/> Cutaneous Oncology Karl Lewis Rene Gonzalez Theresa Medina	<input type="checkbox"/> Prevention & Control Jamie Studts Cathy Bradley	<input type="checkbox"/> Neuro-Surgery Kevin Lillehei David Ormond	<input type="checkbox"/> Head & Neck/ Thyroid Antonio Jimeno
<input type="checkbox"/> LAPS trial Anthony Elias	<input type="checkbox"/> Lung Ross Camidge Bob Doebele	<input type="checkbox"/> GYN Bradley Corr Kian Behbakht	<input type="checkbox"/> Survivorship & Palliative Care Jean Kutner Stacy Fischer	<input type="checkbox"/> Surgery Richard Schulick Martin McCarter	
<input type="checkbox"/> GI Chris Lieu Wells Messersmith	<input type="checkbox"/> Breast Virginia Borges Peter Kabos	<input type="checkbox"/> CNS Denise Damek	<input type="checkbox"/> Phase I, Expansion/Molecular Studies (POEMS) Program Jennifer Diamond Antonio Jimeno	<input type="checkbox"/> Sarcoma Breelyn Wilky Anthony Elias	
<input type="checkbox"/> RT – Adult Rachel Rabinovitch Christine Fisher	<input type="checkbox"/> RT – Pediatric Sarah Milgrom Brian Kavanagh	<input type="checkbox"/> Pediatric Nick Foreman Jean Mulcahy Levy	<input type="checkbox"/> Radiology Section Chief <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Other LIST <input style="width: 100%; height: 20px;" type="text"/>	

Signatures and Approvals: Disease Site Leader and PI REQUIRED.

As Disease Site Leader, I agree to the group’s participation and accrual to this study. I attest that this study is feasible to carry out by the team (adequate staff, patient population, etc.), the accrual goals found in the application are attainable, and the information found in the PRMS application are accurate.

As PI, I agree to conduct this trial according to the approved protocol.

Principal Investigator Signature

Date

Disease Site Leader Signature

Date

RT Leader Signature (if applicable)

Date

Survivorship / Palliative Care Leader Signature (if applicable)

Date

LAPS Lead PI Signature/ Date (all LAPS trials)

Date