Review Date:

Concept Title:

Principal Investigator:

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**Operational Feasibility Review:**

 **Yes No N/A Comments**

Is this an investigator-initiated study? [ ]  [ ]

**If Yes**, There is sufficient [ ]  [ ]  [ ]

 financial commitment to

adequately conduct the trial

Planned source(s) of funding:

Please list here any other factors that may influence the operational feasibility of this trial:

Expected UCSF Accrual Total:       Expected UCSF Annual Accrual:

Can targeted accrual be met? (note here prior trial accrual for similar population; any potential obstacles to enrollment, etc.):

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**Scientific/Merit Review:**

High [ ]  Average [ ]  Low [ ]

**Recommendation:**

[ ]  Approved for development

[ ]  Bring back revised concept to committee for re-discussion

[ ]  Rejected

**Comments/helpful suggestions:**

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Chair/Co-Chair Signature Date

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Responsible Site Committee