Chair or Co-Chair Name:

Review Date:

Protocol Title:

Principal Investigator:

Protocol Version Number & Date:

Sponsor:

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Are there any concerns with technical requirements or feasibility?  Yes

No

If Yes, please identify:

Does the study involve more than minimal risk in terms of therapeutic intent?  Yes

No

If Yes, please identify:

Are there any concerns with safety?  Yes

No

If Yes, please identify:

**----------------------------------------------------**

**Additional Site Committee Input:**

**1) Disease-Specific Site Committee**

*Was this protocol discussed with and declined by CIP, ETP or any disease-specific Site Committee?*

Yes, declined by **CIP**

Yes, declined by **ETP**

Yes, declined by disease-specific:

Breast Site Committee

Cutaneous Oncology Site Committee

Gastrointestinal Site Committee

Genitourinary Site Committee

Gynecologic Oncology Site Committee

Hematopoietic (Adult) Site Committee

Neurologic Site Committee

Oral, Head & Neck Site Committee

Pediatric Oncology/Pediatric Leukemia Site Committee

Supportive Care Site Committee

Thoracic Site Committee

No/Not Applicable

***If Yes/Declined***, obtain proof of declination by obtaining the signature of the Chair or Co-Chair of the relevant Site Committee(s) below ***OR*** appending email documentation from the Chair or Co-Chair of the relevant Site Committee to this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant Site Committee Chair/Co-Chair Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Site Committee

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List of Concerns that Must be Addressed Before Approval

Suggestions (response not required)

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**Recommendation:**

**Approval**

**Deferred for Revision**

**Disapproval**

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Chair or Co-Chair Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Site Committee or Working Group