

This form must be filled out by the Principal Investigator.

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|-------------------------|---|
| Principal Investigator: | |
| Full Protocol Title: | |
| Patient-friendly Title: | |
| Planned study site(s): | <input type="checkbox"/> FMLH <input type="checkbox"/> CHW <input type="checkbox"/> CMH <input type="checkbox"/> West Bend |
| Study Overview | |
| Type of Study | <input type="checkbox"/> MCW Investigator-Initiated <input type="checkbox"/> Cooperative Group <input type="checkbox"/> Institution (IIT from outside) <input type="checkbox"/> Industry/Pharmaceutical <input type="checkbox"/> Consortium <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Drug <input type="checkbox"/> Device <input type="checkbox"/> Observational <input type="checkbox"/> Community Research |
| | Scope of trial: <input type="checkbox"/> Local <input type="checkbox"/> National |
| | <input type="checkbox"/> Treatment <input type="checkbox"/> Ancillary or Companion <input type="checkbox"/> Epidemiologic/Observational <input type="checkbox"/> Prevention <input type="checkbox"/> Supportive Care <input type="checkbox"/> Health Services Research <input type="checkbox"/> Correlative <input type="checkbox"/> Screening <input type="checkbox"/> Other _____ <input type="checkbox"/> Diagnostic <input type="checkbox"/> Basic Science |
| Phase of Study | <input type="checkbox"/> Pilot <input type="checkbox"/> I <input type="checkbox"/> I/II <input type="checkbox"/> II <input type="checkbox"/> II/III <input type="checkbox"/> III <input type="checkbox"/> III/IV <input type="checkbox"/> IV <input type="checkbox"/> N/A <input type="checkbox"/> Treatment Use* <input type="checkbox"/> Expanded Access* <input type="checkbox"/> Other _____ *Also fill out Appendix in Management of Expanded Access and Treatment Use Protocols SOP |
| Academic Credit | <input type="checkbox"/> Multi-institutional trial with no chance of authorship or credit <input type="checkbox"/> Multi-institutional trial with no chance of authorship but with associated institutional credit (e.g., cooperative group trial) <input type="checkbox"/> Multi-institutional trial with likelihood of authorship (named investigator or high accrual expectations) <input type="checkbox"/> MCW investigator-initiated trial with likelihood of authorship |
| Value to Patients | <input type="checkbox"/> Little or no clinical importance, registry or post-licensing marketing study <input type="checkbox"/> Phase I-III trial with potential to change clinical practices <input type="checkbox"/> Phase II-III trial likely to change clinical practices |
| Accrual | |
| Local accrual goal | Local target accrual goal: _____ Accrual Duration (Months): _____ How many patients with this specific disease are seen at our institution per year (include source of data for expected enrollment, e.g. tumor registry, EPIC, CDW, etc.)? _____ |
| National accrual goal | Overall target accrual goal: _____ Current overall enrollment: _____ Date study opened nationally: _____ Expected closing date: _____ |
| Rare disease | <input type="checkbox"/> Check box if annual incidence is ≤ 3 newly diagnosed persons per 100,000 persons in U.S. |

Funding

Sponsor: Department Cooperative group Pharmaceutical NCI CTEP Other _____
 There is no funding for this study.
 Additional funding is needed.

For Investigator-Initiated Trials:

Funding Source: _____ Funding Proposal #: _____
 Has funding been approved? Yes No Amount of award/approved funding: \$ _____

Study Complexity

| | |
|-----------------------------------|---|
| No. of Arms | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more |
| Department/Team Impact | <input type="checkbox"/> One or two departments involved – Standard clinical research team <input type="checkbox"/> Three or more departments involved – Complex coordination needed <input type="checkbox"/> Inpatient Care Required |
| Radiology | Is there an imaging requirement in the protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes- The requirements are: <input type="checkbox"/> standard <input type="checkbox"/> study-specific For IITs, has a radiologist been identified as a collaborator? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eligibility Review | <input type="checkbox"/> Basic eligibility <input type="checkbox"/> Complex with multi-step eligibility review |
| Registration/ Randomization Tasks | <input type="checkbox"/> One step <input type="checkbox"/> Multiple steps with possible pathology/ancillary review |
| Frequency of Study Tasks | <input type="checkbox"/> Every 21-30 days or more <input type="checkbox"/> Weekly <input type="checkbox"/> Daily |
| Beacon Build needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ancillary Studies | <input type="checkbox"/> Banking <input type="checkbox"/> QoL <input type="checkbox"/> PK samples <input type="checkbox"/> Other |
| Data Collection on Treatment | <input type="checkbox"/> Basic – No AE reporting, batching of data <input type="checkbox"/> Standard – AE reporting and data collection <input type="checkbox"/> Complex – Real time data submission, review of source documents for endpoints, multiple data sources |
| Follow-up Requirements | <input type="checkbox"/> Annual or minimal follow-up <input type="checkbox"/> At each time point of clinical activity <input type="checkbox"/> Complex multiple clinical points |
| Special Requirements | <input type="checkbox"/> IND application |
| | <input type="checkbox"/> Clinicaltrials.gov |
| | <input type="checkbox"/> Coordinating center for multi-site study |
| | <input type="checkbox"/> Other |

Faculty Research Committee approval to send to SRC:

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|---------------------|------|
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| FRC Chair Signature | Date |