

North Central Cancer Treatment Group

and Mayo Clinic

**Eligibility Checklist
(Prospective)**

4/14/03
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NCCTG and Mayo 94-72-53: Diagnostic and Prognostic Markers in Low-Grade Gliomas

Has the patient ever been on a prior study entered through the Mayo/NCCTG Random. Center? Yes No

Protocol number _____ - _____ - _____

Study reg. number _____

Registration date _____ - _____ - _____
M D Y

Patient's initials _____
Last, First Middle

Membership _____

Physician _____

Treating institution _____

Inst. pt. number _____

Zip code _____ - _____

Method of payment _____ (see codes on back side)

Initial/annual (circle one) IRB approval date _____ - _____ - _____
M D Y

Mayo membership randomizations only:

Patient's name _____
Last, First Middle

Radiation resident (if RT being given) _____

Mayo-Jacksonville _____ Mayo-Rochester _____ Mayo-Scottsdale _____

Study reg. number _____

Eligibility Check - Answer questions below (yes/no). All requirements must be confirmed. *All dates are to be M/D/Y.*

Yes No

____ ____ Patients who have the diagnosis of low-grade glioma with an available paraffin-embedded tumor tissue block enrolled in future NCCTG studies.

All responses in above section must be "Yes."

____ ____ Patient eligible.

Registration Check - Answer questions below (yes/no). All requirements must be confirmed. *All dates are to be M/D/Y.*

Yes No

____ ____ Consent form signed and dated (discretion of each institutional review board).

Date of consent ____ - ____ - ____.

____ ____ Authorization for use and disclosure of protected health information signed and dated.

Date of authorization ____ - ____ - ____ vs. not applicable (Non-U.S.A. institution only) ____.

All responses in above section must be "Yes."

Assigned Treatment

____ 0) Block study + Peripheral blood

Person registering _____ Random. specialist _____
Signature initials

Physician _____ M D Y _____
Signature