

March 26, 2010

Forms Packet

NCCTG and Mayo Clinic 94-72-53: Diagnostic and Prognostic Markers in Low-Grade Glioma

Contents: Eligibility checklist for retrospective studies (4/14/03)
 Eligibility checklist for prospective studies (4/14/03)
 ✓ Biospecimen accessioning processing fax supply order form

✓ designates revised/new forms

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

____ Paraffin-embedded tumor tissue blocks of patients enrolled in NCCTG 86-72-51 or 93-72-02 and who

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

Person registering _____ Random. specialist _____
Signature initials

Physician _____ M D Y _____
Signature

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

Biospecimen Accessioning Processing
Fax Supply Order Form – No Cover Sheet Necessary
Fax to Research Kit Building @ 507-538-4103

NOTE: Form must be either typed or printed legibly and filled out completely.

Study ID: 94-72-53

Investigator: _____

Order Placed By: _____ Phone #: () _____

Email: _____ Fax #: () _____

Complete Address (kits sent to):

ALLOW AT LEAST TWO WEEKS TO RECEIVE THE KITS.

NOTE: Kits will be sent via FedEx® Ground at no additional cost to the participating institutions. Kits will not be sent via rush delivery service unless the participating institution provides their own FedEx® account number or alternate billing number for express service. **The study will not cover the cost for rush delivery of kits.**

Date Needed: _____
(Please be specific)

Fed Ex account number (Rush deliveries only) _____

<u>Type of Kits</u>	<u># of Kits Needed</u>
947253 Research Blood Kit (NCCTG)	_____
_____	_____
	Total Kits _____

Questions? Contact the Biospecimen Resource Manager listed on the Protocol Resource page of the protocol.