NORTH CENTRAL CANCER TREATMENT GROUP

Registration Form

N0477: Optimizing EGFR inhibitor-based therapies for GBM

Has the patient ever been on a prior study entered through the Mayo/NCCTG Random. Center? _X_ Yes

Registration date _____-_____-_____
M D Y

Membership _____

Treating institution (Per parent trial #----------) _____

IRB approval date _____-_____-_____ ***(Consent form not required. All patients, from patient listing, will be registered through the Operations Office.)***
M D Y

Person faxing form _____
Signature

Fax this completed form to the Randomization Center, 507/284-0885.

Office use only

Procedures to be followed:

____ Randomization Center personnel registers patient(s) from listing.

____ Randomization Center personnel forwards to the Pathology Coordinator after **IRB approval date has been confirmed**.

____ Pathology Coordinator forwards blocks to appropriate laboratory.