

NORTH CENTRAL CANCER TREATMENT GROUP
Pre-Registration Eligibility Checklist

03/04/2011
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N057K: Phase I/II Evaluation of Everolimus (RAD001), Radiation and Temozolomide (TMZ) Followed by Adjuvant Temozolomide and Everolimus in Newly Diagnosed Glioblastoma

Phase II patients only (Mayo Clinic Rochester ONLY): To register a patient, access the NCCTG web page at <https://ncctg.mayo.edu/training> and enter the remote registration/randomization application.

Has the patient ever been on a prior study entered through this Registration Office? Yes No

If yes: Prior study number _____; prior patient study ID number _____

Registration date (date on) (mm/dd/yyyy) ___/___/_____
Patient study ID number (provided at time of Reg/Random) _____
NCCTG member (participant sponsor) _____
NCCTG treating location (chemo) _____
(RT) _____
NCCTG treating physician (chemo) _____
(RT) _____
Institution patient number (local subject number) _____
IRB approval date (chemo) (mm/dd/yyyy) ___/___/_____
IRB approval date (RT) (mm/dd/yyyy) ___/___/_____

Patient initials (last, first, middle) _____
(For Mayo Rochester patients, include first four letters of last name.)
Gender (check one) Male Female Unknown
Date of birth (mm/dd/yyyy) ___/___/_____
Zip code _____
Country of Residence _____
Method of payment (check one)
 PI (Private Insurance)
 MR (Medicare)
 MRP (Medicare and Private Insurance)
 MD (Medicaid)
 MM (Medicaid and Medicare)
 MVA (Military or Veterans Sponsored,
Not Otherwise Specified (NOS))
 MS (Military Sponsored [including CHAMPUS & TRCARE])
 MV (Veterans Sponsored)
 SP (Self pay [no insurance])
 NP (No means of payment [no insurance])
 OTH (Other)
 UNK (Unknown)
Race (check all that apply)
 White
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Asian
 American Indian or Alaska Native
 Not reported: Patient refused or not available
 Unknown: Patient unsure
Ethnicity (check one)
 Not Hispanic or Latino
 Hispanic or Latino
 Not reported: Refused or data not available
 Unknown: Unsure of their ethnicity

Is your site using IMRT for this study? Yes No

If Yes, is your site NCCTG certified? Yes No (If No, End Form. NCCTG IMRT certification by the Radiological Physics Center (RPC) required.)

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Patient study ID number _____

Eligibility Check – Answer questions below (yes/no). All requirements must be confirmed. All dates are to be *mm/dd/yyyy*.

Inclusion Criteria

Yes No NA

Central pathology review. This review is mandatory prior to registration to confirm eligibility. It should be initiated as soon after surgery as possible.	____	____	____
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All responses in above section must be “Yes.”

Registration Check – Answer questions below (yes/no). All requirements must be confirmed. All dates are to be *mm/dd/yyyy*.

Yes No NA

Consent form signed and dated. Date of consent ____/____/____.	____	____	____
Authorization for use and disclosure of protected health information signed and dated. Non-USA institution only (<i>check NA</i>) vs. Date of authorization ____/____/____.	____	____	____
The site has reviewed and understands the process listed in Section 17.2 and must account for sufficient time to complete pre-registration and registration steps.	____	____	____

All responses in above section must be “Yes” unless specified as “NA.”

Assigned Treatment

____ Pre-registration allowed

Person registering _____ Registration Office specialist _____
Signature initials

Physician _____
Signature M D Y