

NORTH CENTRAL CANCER TREATMENT GROUP

Pre-Registration Eligibility Checklist

06/13/2008
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N0682: A Phase II Clinical Trial of Denileukin Diftitox in Combination with Rituximab in Previously Untreated Follicular B-cell Non-Hodgkin's Lymphoma.

To pre-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 Randomization Center? Yes No

If yes: Last protocol number _____; previous patient ID number _____

Patient study ID number _____	Registration date (date on) __/__/_____
NCCTG member (participant sponsor) _____	
NCCTG treating location _____	
NCCTG treating physician _____	
Institution patient number (local subject number) _____	
IRB approval date (mm/dd/yyyy) __/__/_____	

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

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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*.

Pre-registration - Inclusion Criteria

Yes No

Central pathology review submission. 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.”

Pre-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 (check NA) vs. Date of authorization ___/___/____.

The site has reviewed and understands the process listed in Section 17.0 and must account for sufficient time to complete pre-registration and registration steps.

Blood draw kit availability checked.

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

Assigned Treatment

_____ Pre-registration

Person registering _____ Random. specialist _____
Signature initials

Physician _____
Signature M D Y