

CCOP CANCER CONTROL RESEARCH CHECKLIST
NATIONAL CANCER INSTITUTE
DIVISION OF CANCER PREVENTION

Name of Research Base _____

Research Base Concept/Protocol # _____ DCP # (if different) _____

Protocol Chairman _____ Phone # _____

Please indicate type of submission:

(1) (2) (3) (4) (5)
___ Concept ___ New Protocol ___ Revised Protocol ___ Amendment ___ Status Notice

TITLE:

(1) CONCEPT OR (2) NEW PROTOCOL:

CANCER CONTROL AREA: ___ Primary Prevention ___ Continuing Care
___ Screening ___ Rehabilitation
___ Early Detection ___ Other (specify) _____
___ Treatment Application
(Not experimental therapy)

TYPE OF STUDY: ___ Intervention study
___ Descriptive study leading to intervention
___ Other (specify) _____

Yes ___ No ___ Is this a pilot study? If yes, include pilot protocol.

Yes ___ No ___ Is this an intergroup study?

Yes ___ No ___ Is this protocol part of an RO1 or PO1? Grant # _____

Anticipated Activated Date _____

(3) REVISED PROTOCOL: Response to DCP questions for protocol awaiting DCP approval.

(4) AMENDMENT TO APPROVED PROTOCOL:

___ Activation Amendment (List of changes between DCP approval and protocol activation.)
___ Activation Amendment Only (list of changes)
___ Activation Amendment plus replacement pages
___ Activation Amendment plus replacement document

___ Amendment for Active Study

___ Editorial, administrative changes ___ Change of participants (+ or -)
___ Scientific changes ___ Change of protocol chairman

(5) OFFICIAL NOTICE OF CHANGE IN PROTOCOL STATUS:

___ Activation Date _____
___ Temporary Closure Date _____
___ Reactivation Date _____
___ Closure Date _____
___ Completion Date _____

OTHER:

Signature of Person Completing the Form

Telephone Number

Date