## **Co-site Visitor Preliminary Report**

**NCI Code:** 

Group:

Institution: Main Member/ CCOP Name:

Audit Date:

Audit Type: Audit Team Leader:

## Name of NCI Representative Present:

MAJOR DEFICIENCIES WITH IRB OR INFORMED CONSENT CONTENT: NO / YES If YES, briefly describe:

DRUG ACCOUNTABILITY/PHARMACY NON-COMPLIANCE: NO /YES If YES, briefly describe:

## PATIENT CASE REVIEW SUMMARY:

Category	No. of Patient Cases Reviewed	No. of MAJOR Deficiencies	Briefly describe MAJOR Deficiencies
Informed Consent			
Eligibility			
Treatment			
Disease Outcome /Response			
Adverse Event			
General Data Management Quality			

FAX THIS REPORT TO THE CLINICAL TRIALS MONITORING BRANCH, NCI (301) 480-2642 WITHIN ONE WORKING DAY OF COMPLETION OF AUDIT.

Any data irregularities identified through quality control procedures or through the audit program that raise any suspicion of intentional misrepresentation of data must be immediately reported to CTMB, CTEP, NCI. The CTMB must be notified immediately by telephone [(301) 496-0510] of any findings suspicious and/or suggestive of intentional misrepresentation of data and/or disregard for regulatory safeguards for any of the three (regulatory, pharmacy and patient case) components of an audit. Similarly, any data irregularities identified through other quality control procedures suspicious and/ or suggestive of intentional misrepresentation of data must be immediately reported to CTMB. It is the responsibility of the Cooperative Group, CCOP Research Base or CTSU to immediately notify CTMB when they learn of any significant irregularities or allegations related to scientific misconduct by a staff member or institution participating in their research program. It should be emphasized the irregularity/misrepresentation does not need to be proven, a reasonable level of suspicion suffices for CTEP notification. It is also essential that involved individual(s) and/or institutions follow their own institutional misconduct procedures in these matters.

**Category:** 

Membership Type: Main Member/ CCOP NCI Code:

Date of Prior Audit:

**Components:** 

**Telephone:** 

Representing: 
NCI CTMS
(check one)