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# PRMC Letter of Intent

Lead/Group Institution:

Other organizations on study:

CTEP IND Agent:

Non-NCI IND Agent Supplier:

Commercial Agent(s) Source:

Tumor Type:

Disease-Specific:

Performance Status:

Abnormal Organ Function Permitted?

Prior Therapy:

Phase of Study:

Treatment Plan:

Rationale/Hypothesis:

Advanced Imaging Objectives:

Laboratory Correlates:

Endpoint/Statistical Considerations:

Estimated Monthly Accrual:

Proposed Sample Size:

Earliest date the study can begin:

Projected Accrual Dates:

To document accrual rate, list trials with patients who had similar Tumor Type/Phase of Study/Prior Therapy:

Protocol number:

Trial activation:

No. of Patients Enrolled:

List of Active, Approved or in Review studies at GRU for which this patient population will be eligible:

Protocol number/Title/Sponsor:

Trial Activation Date/Anticipated Completion Date:

No. of patients enrolled to date:

Duration of Patient Enrollment:

Total Planned Patient Enrollment:

Is this LOI part of an NIH Grant, Cooperative Agreement or Contract: Yes/ No

If Yes, Award number:

Will this study receive support from non-NCI sources?

If the proposed trial includes correlative studies, GRU assumes funding is available to support them.

If yes, is it grant funding?

If yes, provide the grant number:

Principal Investigator name:

PI Signature: Date:

PI contact Information:

GRU Disease-Oriented Working Group Leader agreement:

Name:

Signature: Date: