



## PROTOCOL REVIEW COMMITTEE CONTINUING FORM

**Instructions:** Please attach the completed form to the ePRMS submission.

### 1 Study Information

IRB Number: \_\_\_\_\_

PRC Number: \_\_\_\_\_

Protocol Title: \_\_\_\_\_

### 2 Accrual

What is the annual target accrual for this institution? \_\_\_\_\_

How many subjects have been consented in the previous year? \_\_\_\_\_

What is the date of the last patient on study? \_\_\_\_\_

What barriers have there been to accruing subjects on this trial? Have there been any amendments or other changes made to improve accrual?

Any suspensions of the protocol in the last year? \_\_\_\_\_

### 3 Study Progress

Please respond to the following questions with respect to the previous year.

Has there been any change in the oncology field that would negate the rationale or validity of the study? Please explain in 2-3 sentences.

Do you have any concerns about the timely completion of the study? Please explain.

#### **4 Study Amendments**

**Have all protocol amendments that affect study design been submitted and reviewed by the PRC?**

Yes  No

#### **5 PI Acknowledgment**

By clicking this box the Principal Investigator acknowledges that the information provided above is accurate.

\*\*\*\*\* **For Office Use Only**\*\*\*\*\*

#### **6 PRC Decision**

Approved

Modifications Required

Disapproved

**PRC Reviewer Comments:**