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

# Study Information

IRB Number:

PRC Number:

Protocol Title:

# Accrual

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| --- |
|  |

**What is the annual target accrual for this institution?**

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| --- |
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**How many subjects have been consented in the previous year?**

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**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?**

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**Any suspensions of the protocol in the last year?**

# 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.**

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| --- |
|  |

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

|  |
| --- |
|  |

# Study Amendments

**Have all protocol amendments that affect study design been submitted and reviewed by the PRC?** Yes [ ]  No [ ]

# PI Acknowledgment

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

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

# PRC Decision

[ ]  Approved

[ ]  Modifications Required

[ ]  Disapproved

**PRC Reviewer Comments:**