

# Protocol Concept Sheet (PCS)

**THIS FORM MUST BE COMPLETED ELECTRONICALLY (DUE TO THE INCLUSION OF DROP-DOWN FIELDS)**

Complete the form below electronically and attach specified documentation.

Study Specifications(1)					
Title of Proposal/Protocol					
Study Drug/Device					
Study Type (e.g. Phase, in vitro, registry, etc.)	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Please specify study type:</td> <td style="border: none; width: 50%;">If 'Other', please specify:</td> </tr> <tr> <td style="border: none; height: 40px;"></td> <td style="border: none;"></td> </tr> </table>	Please specify study type:	If 'Other', please specify:		
Please specify study type:	If 'Other', please specify:				
Design	Number of Arms:				
	Number of Cohorts:				
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">Randomized</td> <td style="border: none; width: 30%; text-align: center;">Yes</td> <td style="border: none; width: 30%; text-align: center;">No</td> </tr> </table>	Randomized	Yes	No	
	Randomized	Yes	No		
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">Stratified</td> <td style="border: none; width: 30%; text-align: center;">Yes</td> <td style="border: none; width: 30%; text-align: center;">No</td> </tr> </table> If 'Yes', please specify type of stratification:	Stratified	Yes	No	
	Stratified	Yes	No		
Type of control group: If 'Other', please specify:					
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">Blinded</td> <td style="border: none; width: 30%; text-align: center;">Yes</td> <td style="border: none; width: 30%; text-align: center;">No</td> </tr> </table> If 'Yes', please specify type of blind:	Blinded	Yes	No		
Blinded	Yes	No			
Patient Population (e.g., Cancer unknown primary with X gene mutation)					
Number of Sites/Countries	Geographic scope:				
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Total No. Sites:</td> <td style="border: none; width: 40%;">Total No Countries:</td> </tr> </table>	Total No. Sites:	Total No Countries:		
	Total No. Sites:	Total No Countries:			
List <u>All Planned</u> Countries:  <div style="text-align: center; border-top: 1px solid black; width: 100px; margin: 0 auto;"></div>					
Sample Size	Number of patients to be evaluated across all arms/cohorts:				
	Number of patients within above total to receive drug/device:				
Sponsor/Budget (in the case of undecided, describe a plan)					
Approval of IRB (at the time of application)	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: center;">Yes</td> <td style="border: none; width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No		
Yes	No				

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## Study Synopsis

Requestor must either attach Study Synopsis or, to the extent relevant, add the details in text form below. See details below \*up to 500 - 1000 words (excluding references)

- Abstract
- Background, study rationale and unmet medical need
- Study objective(s) (list as many as apply)
- Methodology/sequence of procedure
  - Screening period (if retrospective/prospective data evaluation, describe the process for screening charts for eligibility)
  - Treatment period (if using drug on-formulary for a retrospective/prospective data evaluation, please specify standard of care followed)
  - Follow-up period (if retrospective/prospective data evaluation, specify any part of patient care post-treatment or procedure for which data will be collected from the charts, including in a post-op area or post-48 hours, etc.)
- Inclusion and exclusion criteria
- Treatment (dose and administration)
- Statistical analyses/assumptions (Describe presence or absence of advice of the statistician as well)