



ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY INSTITUTIONAL MEMBERSHIP APPLICATION

Your complete application package must include the following documents:

- Cover Letter from the Principal Investigator of the Main Member** (*see instructions for additional information*)
- Completed Membership Application, including:**
 - List of Studies that are open or will be opened**
 - List of Investigators and Specialties**
 - List of Affiliate and/or Sub-Affiliate Sites (if applicable) and an application for each site list**
- NIH Bio-Sketch/CV** (for Principal Investigator only)
- Copy of Audit Reports and Corrective Action Plans**
- Federalwide Assurance Application/Documentation**
- Confirmation of CIRB Enrollment**

(If application is incomplete, it will not be submitted to the Membership Committee)



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MEMBERSHIP PROPOSAL

1. Indicate the resources available to assure timely compliance with Group administrative and data requirements (please mark all that apply).

Role	Number of Personnel	Comments
Investigators		
Clinical Research Associates/Professionals		
Oncology Nurses		
Regulatory Support		
Pharmacy Personnel		

2. Have you participated in cancer research cooperative group trials? Yes No

If yes,

▪ List the group(s):

- Provide a copy of the most recent CTMB audit report(s) performed by each of the groups the institution has been a member. If applicable, please include the corresponding corrective action plan(s).
- Provide the total number of cancer patients enrolled onto all cooperative group clinical trials per year.
_____ (3-year average)

3. Have you participated in non-cooperative group cancer research trials? Yes No

If yes, provide the number of cancer patients enrolled onto non-cooperative group clinical trials per year.
_____ (3-year average)



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If you have not enrolled patients on cooperative group clinical trials, complete items 4 and 5. Provide the details for the disease (s) or committee (s) appropriate to your Institution.

4. Document adequate patient resources available for entry into clinical trials. List your annual caseload by hospital and by disease.

Breast	Cancer Control	GI	GU	Leukemia	Lymphoma	Myeloma	Neurologic	Respiratory

5. Indicate anticipated accrual by types of studies (by disease or committee). You may wish to consult a recent studies list, which shows the current studies by committee, so you can make accurate accrual projections. This list is on the Alliance web page or available upon request.

Breast	Cancer Control	GI	GU	Leukemia	Lymphoma	Myeloma	Neurologic	Respiratory

Specify any disease areas (or committees) of Alliance research in which you do NOT foresee participation.



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As proposed PI of this member network or main member I attest to understanding Section 2 of the Alliance Policies and Procedures. I acknowledge the accrual requirements of 15 NCTN member accrual credits annually based on a 3-year average for the Main member and affiliate annual accrual requirements of 5 NCTN member accrual credits based on a 3-year average. I further acknowledge that AFT enrollments are not counted toward the membership accrual requirements.

Signature of Proposed Principal Investigator

date

Signature of Institution Official (Main Member applications only)

date

Return Completed Application to:
Membership Manager
Marcia Kelly
at
membership@AllianceNCTN.org