Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.) Please provide a brief description of your project.

2.) Which OCTR data resources are you interested in mining? (*Please check all that apply*):

❑ Metastatic Breast Cancer Database \*❶ **\*Note:**

❶Requires approval from Drs. C. Anders and C. Dees

❷Requires approval from Drs. C. Anders, L. Carey & C. Dees

❸Requires approval from Dr. L. Carey

❹ Requires approval from Dr. L. Carey

❺ Requires approval from Dr. M. Milowsky

❑ CNS Metastatic Breast Database \*❷

❑ 9815 Neoadjuvant Database \*❸

❑ 9830 Newly Diagnosed Breast Cancer Patient Database \*❹

❑ Genitourinary Oncology- GU GOLD \*❺

3.) Which OCTR services are you interested in receiving support? *(Please check all that apply)*

❑ IRB Submission – New Study ❑ IRB Modification to existing OCTR study

❑ Study Design/Protocol Assistance ❑ Grant Applications

❑ Developing Consent Forms ❑ Database Creation

❑ Participant Recruitment ❑ Screening & Identifying Participants

* Data Set Acquisition Only ❑ Developing Case Report Forms

❑ Human Research Ethics Training ❑ New Coordinator Training

❑ Good Clinical Practice Guidelines ❑ Interim or Final Progress Reporting

❑ Identifying lab resources at UNC ❑ Biospecimen Collection and/or Shipping

❑ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.) What is your intended timeframe for the project (start date, end date)?

5.) Do you have funding for this project? If yes, what is your funding source? If no, do you have a source in mind?

6.) Do you have a Study Coordinator or Research Assistance who will be assisting you with this project? If yes, please provide contact information for this person.

6.) Anything else that we should know?

*THANK YOU!*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***For OCTR Use ONLY:***

OCTR Investigator and Staff Notes:

*OCTR Signatures:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Lisa Carey, MD Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Claire Dees, MD Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Carey Anders, MD Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Matthew Milowsky, MD Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amy Garrett, MA, CCRC Date