

US Oncology Research - Site Pre-Qualification Report

Name of Practice: _____ Address: _____

Principal Investigator (Please attach CV): _____

Co-Investigators (Please attach CVs): _____

Practice Administrator: _____ Research RN: _____

Telephone: _____ Fax: _____ Email Address: _____

No. of Satellite Clinics: _____ Pharmacist (If applicable): _____

No. of Medical Oncologists _____

Clinical Trials Experience

Have you conducted clinical trials? Yes No If so, what type? NCI Industry Sponsored Both

Cooperative Group Participation: SWOG CALGB NSABP OTHER _____

Number of Open Protocols: NCI _____ Industry _____

Enrollment in the last 12 months: NCI _____ Industry _____

FDA Audits? Yes No If so: Date _____ Result _____

Facilities

Number of Chemo Chairs: _____

Number of Exam Rooms: _____

Approximate No. Patient Visits Per Year: _____

Approximate No. *New* Patients Annually: _____

Pharmacy? Yes No On Site Lab? Yes No

Who mixes chemotherapy? RN Pharmacist

Space for CRC, Clinical Trial Materials & on-site

Hematologies _____ Chemistries _____ UA _____

monitoring? Yes No Comment: _____

Other Facility Comments: _____

Study Drug Storage (Refrigeration)

Limited Access? Yes No

Locked Area? Yes No

Temperature Monitored? Yes No

Locked Cabinetry? Yes No

Lowest Temp. -10 _____ -20 _____ Other _____

Scans

CXR: Yes No EKG: Yes No

Radiation Tx: Yes No

CT Scans: Yes No If no, Facility Typically Used: _____

Spiral CTs: Yes No

Digital Transfer Capabilities? Yes No Unknown

Regulatory Affairs

Are you able to use a Central IRB? Yes No Unknown

Distance from Closest Hospital: No. Mile(s) _____

Hospital Name: _____

Current CLIA Certification Available? Yes No

Current Lab Normals Available? Yes No

For US Oncology Research Use Only

Operations Conference Call - Date _____ Time: ____:____ am pm CDT

Executed OPS or CSA on File: Yes No Date Executed _____ Term _____

Site Visit: Yes No Date: _____

RSA to Site: Yes No Date: _____

Stephen Smith,
Vice President /General Manager, Research and Personalized Science

Date: _____