**Instructions:** Please submit the completed form along with the current protocol to prmc@jefferson.edu at the time of IRB continuing review submission.

# Study Information

|  |  |
| --- | --- |
| JeffTrial # |  |
| Principal Investigator |  |
| Protocol Title |  |
| Person completing this form |  |

# Accrual

|  |  |
| --- | --- |
| Site total target accrual  |  |
| Site accrual in last 12 months |  |
| Total site accrual to date |  |
| Date opened to accrual |  |

**How many subjects have been screened in the previous year?**

|  |
| --- |
|  |

**What barriers have there been to accruing subjects on this trial? Have there been any amendments or other changes made to improve accrual?**

|  |
| --- |
|  |

# 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.**

|  |
| --- |
|  |

**Has there been any change in the MDG’s prioritization of the study? Please explain.**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

# PI Signature

|  |  |
| --- | --- |
|  |  |
| Principal Investigator Signature | Date |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **For PRMC Use Only** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

# PRMC Decision

[ ]  Approved to continue enrollment

[ ]  Defer to full committee review

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Signature of Protocol Review and Monitoring Committee Chair or designee Date