**Supplemental Clinical Trial Review Form**

|  |  |
| --- | --- |
| **Disease Team:** |  |
| Study Number and/or Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PI: |  | Date of Disease Team Review: |  |

|  |  |  |
| --- | --- | --- |
| 1. Does the investigator have adequate time to devote to study oversight and the work that he/she must perform?
 | Yes No[ ]  [ ]  | Comments: |
| 1. Does the investigator’s “style of practice” fit the study procedures?
 | Yes No[ ]  [ ]  | Comments: |
| 1. Are there anticipated personal, financial, or professional obligations for the investigator or staff that might interfere with meeting the study commitments?
 | Yes No[ ]  [ ]  | Comments: |
| 1. Are adequate personnel available to complete and process the required records?
 | Yes No[ ]  [ ]  | Comments: |
| 1. Is the timing of the procedures (study windows) reasonable?
 | Yes No[ ]  [ ]  | Comments: |
| 1. Do the investigator and study staff members understand the requirements for data collection and reporting?
 | Yes No[ ]  [ ]  | Comments: |
| 1. Are facilities and equipment adequate to perform the study?
 | Yes No[ ]  [ ]  | Comments: |
| 1. Can patients be recruited and complete the study during the timeframe desired by the sponsor?
 | Yes No[ ]  [ ]  | Comments: |
| 1. Are the individuals who represent our initial patient population reflective of the gender and racial/ethnic distribution of the disease?
 | Yes No[ ]  [ ]  | Comments: |

**Submit form to: 676 N. St. Clair Street, Suite 1200, Chicago, IL 60611**

**Scientific Review Coordinator: Anne McDermott,** **a-mcdermott@northwestern.edu**