ONCOtherapeutics
T. 310.623.1200 F. 310.623.1121

1. Principal Investigator

Name: ______________________________

Sex: ☐ **M** ☐ **F**

Area(s) of Specialty: ______________________________

Mailing Address: ______________________________

City, State, Zip Code: ______________________________

Phone: ______________________________

Fax: ______________________________

E-mail: ______________________________

Best time to be reached: ______________________________

2. Site/Institution

Site Name: ______________________________

Physical Address: ______________________________

City, State, Zip Code: ______________________________

Mailing Address (if different than physical address): ______________________________

City, State, Zip Code: ______________________________

Main Phone: ______________________________

Main Fax: ______________________________

Website (if applicable): ______________________________

Please complete and FAX all pages to Oncotherapeutics at (310) 623-1121.

If you have any questions, please call Oncotherapeutics at (310) 623-1200.

3. Additional Patient Treatment Sites

If you need room for additional sites please list them on a separate sheet of paper.

Additional Site Name: ______________________________

Street Address: ______________________________

City, State, Zip Code: ______________________________

Main Phone: ______________________________

Main Fax: ______________________________

Additional Site Name: ______________________________

Street Address: ______________________________

City, State, Zip Code: ______________________________

Main Phone: ______________________________

Main Fax: ______________________________

4. Research Manager/Study Coordinator

Name: ______________________________

Mailing Address: ______________________________

City, State, Zip Code: ______________________________

Phone: ______________________________

Fax: ______________________________

E-mail: ______________________________

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5. Clinical Trial Phase Experience

☐ Phase I ☐ Phase II ☐ Phase III ☐ Phase IV ☐ Pharmacokinetic/Pharmacodynamic

6. Clinical Trial Experience (Please list 5 of your most recent trials)

Indication (e.g., Myeloma, Breast)	Phase	# of Patients Enrolled at Your Site(s)	# of Patients Planned for Your Site(s)	Sponsor

7. Clinical Trial Interest

Please check those areas in which you'd like to participate in a clinical trial.

- ☐ Hematologic
  - ☐ Multiple Myeloma
  - ☐ Lymphoma
  - ☐ Leukemia
  - ☐ Other
- ☐ Solid Tumor
  - ☐ Breast
  - ☐ Prostate
  - ☐ Colon
  - ☐ Lung
  - ☐ Kidney
  - ☐ Brain
  - ☐ GYN
  - ☐ Melanoma
  - ☐ Other

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9. Institutional Review Board

Can your site use a Central IRB, such as WIRB? ☐ Yes ☐ No

If "No", please specify which IRB your site(s) use(s): ______________________________

How often does this IRB meet? ______________________________

Does your site have any special ethics committee review requirements / processes? ☐ Yes ☐ No

If "Yes", please specify: ______________________________

How often does your ethics committee meet? ______________________________

10. Laboratory Facilities

Does your site have its own Clinical Laboratory? ☐ Yes ☐ No

Can your site use a Central Laboratory? ☐ Yes ☐ No

11. Pharmacokinetic/Pharmacodynamic

Can your site conduct PK/PD studies? ☐ Yes ☐ No

12. Comments

Please utilize the space below for any additional information about your site.

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