**Supplemental Clinical Trial Review Form**

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

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

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| 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**

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