

Application Form

<input type="checkbox"/> Newly Initiated Clinical Trial	<input type="checkbox"/> Notification	<input type="checkbox"/> Sponsored by the Pharmaceutical Company	<i>Official use only (don't write)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sponsored by International body	Application No.	
<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> Sponsored by Grant		
<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> Investigator Sponsored Study	Applicant Date	/ /20

Study Classification

<input type="checkbox"/>	<input type="checkbox"/> Adult	Study Phase	CT_Identifier	European Union Drug Regulating Authorities Clinical Trials Number (EudraCT No.)
--------------------------	--------------------------------	-------------	---------------	---

Protocol ID	Protocol Title	Protocol version	Version date
Sponsor		DOCUMENTS PRESENTED TO IRB	
P			
PI			
Co-PI			
Pathologist			
Res. Coordinator*			
Radiologist			
CL Pathologist			
Res. Pharmacist*			
Res. Data Manger*			
Res. Nurse*			
Ass Secretariat*			
<i>* All starred names indicate NCI Research Centre staff and are included by official decision.</i>		<input type="checkbox"/> Protocol version	dated
		<input type="checkbox"/> Amendment version	dated
		<input type="checkbox"/> Investigator brochure, Ed.	dated
		<input type="checkbox"/> English ICF version	dated
		<input type="checkbox"/> Arabic ICF version	dated
		<input type="checkbox"/> CRF version	dated
		<input type="checkbox"/> Investigator CV	dated
		<input type="checkbox"/> Certificate of Insurance valid up to	
		<input type="checkbox"/> Questionnaire version	dated
		<input type="checkbox"/> Study tools	dated
		<input type="checkbox"/> Recruitment advertising	dated
		<input type="checkbox"/> Lab values & Accreditation	dated
		<input type="checkbox"/> List of centres in Egypt (Provide separate list)	
		<input type="checkbox"/> List of PI in Egypt (Provide separate list)	
		<input type="checkbox"/> Expected Number of recruited patients in NCI	
APPLICANT	Applicant Name		
Date	Signature		
CRC RECEIVED			
Received by			
Received date			
IRB Stamp			
Payment			
IRB FEES			
Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Date	
Amount Paid	EGP	Paid by	

IRB Office:

Address: National Cancer Institute, Fom El Khalig, Cairo 11796, Egypt

Email: irb@nci.cu.edu.eg