

## Application Form

<input type="checkbox"/>	Newly Initiated Clinical Trial	<input type="checkbox"/>	Notification	<input type="checkbox"/>	Sponsored by the Pharmaceutical Company	<input type="checkbox"/>	<i>Official use only (don't write)</i>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Sponsored by International body	<input type="checkbox"/>	Application No.	
<input type="checkbox"/>		<input type="checkbox"/>	Other .....	<input type="checkbox"/>	Sponsored by Grant	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>	Other .....	<input type="checkbox"/>	Investigator Sponsored Study	<input type="checkbox"/>	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.)	
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Protocol ID				Protocol version			Version date		
Protocol Title									
Sponsor				<b>DOCUMENTS PRESENTED TO IRB</b>					
P									
PI									
Co-PI									
Pathologist									
Res. Coordinator*				<input type="checkbox"/>	Protocol version	dated			
Radiologist				<input type="checkbox"/>	Amendment version	dated			
CL Pathologist				<input type="checkbox"/>	Investigator brochure, Ed.	dated			
Res. Pharmacist*				<input type="checkbox"/>	English ICF version	dated			
Res. Data Manger*				<input type="checkbox"/>	Arabic ICF version	dated			
Res. Nurse*				<input type="checkbox"/>	CRF version	dated			
Ass Secretariat*				<input type="checkbox"/>	Investigator CV	dated			
* All starred names indicate NCI Research Centre staff and are included by official decision.				<input type="checkbox"/>	Certificate of Insurance valid up to				
				<input type="checkbox"/>	Questionnaire version	dated			
<b>APPLICANT</b>				<input type="checkbox"/>	Study tools	dated			
				<input type="checkbox"/>	Recruitment advertising	dated			
Applicant Name						<input type="checkbox"/>	Lab values & Accreditation	dated	
Date		Signature					<input type="checkbox"/>	List of centres in Egypt (Provide separate list)	
				<input type="checkbox"/>	List of PI in Egypt (Provide separate list)				
<b>CRC RECEIVED</b>				<input type="checkbox"/>	Expected Number of recruited patients in NCI				
Received by					<input type="checkbox"/>	*			
Received date					<input type="checkbox"/>				
IRB Stamp					<input type="checkbox"/>				
					<input type="checkbox"/>				
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					<input type="checkbox"/>				
					<input type="checkbox"/>				
					<input type="checkbox"/>				
					<input type="checkbox"/>				
<b>Payment</b>				<input type="checkbox"/>					
<b>IRB FEES</b>				<input type="checkbox"/>					
Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Date			<input type="checkbox"/>				
Amount Paid	EGP	Paid by			<input type="checkbox"/>				

### IRB Office:

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

Email: [irb@nci.cu.edu.eg](mailto:irb@nci.cu.edu.eg)