



# Cancer Center

NCI-DESIGNATED COMPREHENSIVE  
CANCER CENTER

## PRMS SIGNATURE PAGE

PRMS#

TITLE

Protocol version date:

IRB#

For trials with a radiation component, please obtain RT signature.

For LAPS trials, obtain LAPS Lead PI signature.

<input type="checkbox"/> BMT/ Heme Dan Pollyea Brandon McMahon	<input type="checkbox"/> GU Thomas Flaig Elizabeth Kessler	<input type="checkbox"/> Cutaneous Oncology Karl Lewis Rene Gonzalez Theresa Medina	<input type="checkbox"/> Prevention & Control Jamie Studts Linda Cook	<input type="checkbox"/> Neuro- Surgery Kevin Lillehei David Ormond	<input type="checkbox"/> Head & Neck/ Thyroid Antonio Jimeno
<input type="checkbox"/> LAPS trial Anthony Elias	<input type="checkbox"/> Lung Ross Camidge Tejas Patil	<input type="checkbox"/> GYN Bradley Corr Kian Behbakht	<input type="checkbox"/> Survivorship & Palliative Care Stacy Fischer Jamie Studts	<input type="checkbox"/> Surgery Richard Schulick Martin McCarter	
<input type="checkbox"/> GI Chris Lieu S. Lindsey Davis	<input type="checkbox"/> Breast Virginia Borges Peter Kabos	<input type="checkbox"/> CNS Denise Damek	<input type="checkbox"/> Phase I, Expansion/Molecular Studies (POEMS) Program Jennifer Diamond Antonio Jimeno	<input type="checkbox"/> Sarcoma Breelyn Wilky Anthony Elias	
<input type="checkbox"/> RT – Adult Rachel Rabinovitch Christine Fisher	<input type="checkbox"/> RT – Pediatric Sarah Milgrom Brian Kavanagh	<input type="checkbox"/> Pediatric Nick Foreman Kelly Faulk	<input type="checkbox"/> Radiology Section Chief <div></div>	<input type="checkbox"/> Other LIST <div></div>	

### Signatures and Approvals: Disease Site Leader and PI REQUIRED.

As Disease Site Leader, I agree to the group's participation and accrual to this study. I attest that this study is feasible to carry out by the team (adequate staff, patient population, etc.), the accrual goals found in the application are attainable, and the information found in the PRMS application are accurate.

As PI, I agree to conduct this trial according to the approved protocol.

<div></div>	<div></div>
Principal Investigator Signature	Date
<div></div>	<div></div>
Disease Site Leader Signature	Date
<div></div>	<div></div>
RT Leader Signature (if applicable)	Date
<div></div>	<div></div>
Survivorship / Palliative Care Leader Signature (if applicable)	Date
<div></div>	<div></div>
LAPS Lead PI Signature/ Date	Date
(all LAPS trials)	