



# Cancer Center

NCI-DESIGNATED COMPREHENSIVE  
CANCER CENTER

## PRMS SIGNATURE PAGE

**TITLE**

**IRB#**

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

For LAPS trials, obtain LAPS Lead PI signature.

<input type="checkbox"/> BMT/ Heme	<input type="checkbox"/> GU	<input type="checkbox"/> Cutaneous Oncology	<input type="checkbox"/> Surgery	<input type="checkbox"/> Head & Neck/ Thyroid
Dan Pollyea Brandon McMahon	Laura Graham Elizabeth Kessler	Sapna Patel Theresa Medina	Martin McCarter	Antonio Jimeno Alice Weaver
<input type="checkbox"/> LAPS trial Anthony Elias Bradley Corr	<input type="checkbox"/> Lung Tejas Patil Erin Schenk	<input type="checkbox"/> GYN Bradley Corr Marisa Moroney	<input type="checkbox"/> Prevention & Control Jamie Studts Linda Cook Marie Wood	<input type="checkbox"/> Survivorship & Palliative Care Stacy Fischer Jamie Studts
<input type="checkbox"/> GI Christopher Lieu S. Lindsay Davis	<input type="checkbox"/> Breast Virginia Borges Peter Kabos	<input type="checkbox"/> Brain & 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"/> Neurosurgery Kevin Lillehei David Ormond	<input type="checkbox"/> RT – Adult Christine Fisher Tyler Robin	<input type="checkbox"/> RT – Pediatric Sarah Milgrom Brian Kavanagh	<input type="checkbox"/> Pediatric Margaret Macy Kelly Faulk	<input type="checkbox"/> Radiology Section Chief

### 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.

Principal Investigator Signature

Date

Disease Site Leader Signature

Date

RT Leader Signature (if applicable)

Date

Survivorship / Palliative Care Leader Signature (if applicable)

Date

LAPS Lead PI Signature/ Date

(all LAPS trials)

Date