|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study type** | **PRMC Form** | **myIRB Application** | **Protocol** | **Consent Form** | **Investigator’s Brochure/ Pharmacy Manual**  | **Quality of Life/ Questionnaires** | **Focus Group Approval needed** | **Case Report Forms or List of Data Points****(Institutional WU and Non-WU trials only)** | **CIRB approval letter** |
| Interventional/ Clinical Trial | √ | √ | √ | √ | \* | \* | √ |  \* |          N/A |
| Retrospective Chart Review | √ | √ | N/A | N/A | N/A | N/A | No (select “N/A – Non-Interventional” in OnCore) | N/A | N/A |
| Prospective Tissue/ Specimen Collection | √ | √ | \* | √ | N/A | \* | No (select “N/A – Non-Interventional” in OnCore) | N/A | N/A |
| Survey/ Questionnaire | √ | √ | √ | \* | N/A | √ | No (select “N/A – Non-Interventional” in OnCore) | \* | N/A |
| Compassionate Use (only safety data collected) | √ | √ | √ | √ | \* | \* | √ | \* | N/A |
| Cooperative Group Clinical Trial | √ | √ | √ | √ | \* | \* | √ | N/A | \* |

\* = if applicable