Filling out PDF Forms

This PDF form contains "**roll-over** or **double-click "** help functionality.

This form allows you to enter data directly onto the screen. After completing the form, you are able to print the document so that you can fax/mail the document.

To fill out a form:

1. Select the hand tool. 
2. Position the pointer inside a field, and click to type text.
3. After entering text or selecting a check box, do one of the following:

   - Press tab to accept the form field change and go to the next form field.

   - Press Shift+Tab to accept the form field change and go to the previous form field.

   - Press Enter (Windows) or Return (Mac OS) to accept the form field change and deselect the current form field.

4. Once completed, print the form.

Cancer Trials Support Unit

Optional form 1
Withdraw from Protocol Participation

Email, Mail or Fax to:
Cancer Trials Support Unit (CTSU)
ATTN: Coalition of Cancer
Cooperative Groups (CCCG)
Suite1100
1818 Market Street
Philadelphia, PA 19103
FAX: 1-215-569-0206
CTSURegulatory@ctsu.coccg.org

Institution Name ***(List all institutions covered by IRB approval that will conducted this study.)***	**NCI Institution Code :** ***(ALXXX)***
Protocol Title: ***(Short version acceptable)***	**Protocol Number:** ***(lead Group #)***

Rationale for Study Closure: ***(Select the answer that best describes the closure.)***

1) No subjects were accrued at the institution(s) listed above, and the protocol is now closed to accrual by sponsoring organization.	☐
2) No subjects were accrued at the institution(s) listed above, and the study has been closed with the local IRB with no anticipation of future accrual. (*If the protocol is re-opened at a later date the site must submit the CTSU IRB Certification form for an initial approval*.)	☐
3) All subjects accrued at local institutions have completed treatment, and follow-up, and no further accruals are anticipated at the institution(s) listed above.	☐
4) IRB/Ethics board responsibilities for the protocol listed above are being transferred to another IRB. Review responsibilities at IRB # _____ are being transferred to IRB# _____. *(Please note that the CTSU IRB Certification form must be submitted for the initial review of all protocols under the new IRB. Submission of this form only documents withdraw of approval at the originating IRB.)*	☐ *(The IRB Signatory must sign below if reason #4 is selected. or attach signed letter from IRB.)*

Date of IRB/Ethics Board Action: ___|____|_____
mm dd yyyy

The institutional staff signing below certifies that the information provided above is correct.

Name of Signatory:	Name of approving Organization:
Title of Signatory:	Phone (_____) |_____| - |_____|
Signature:	Date: _____/_____/_____ m m d d y y y y