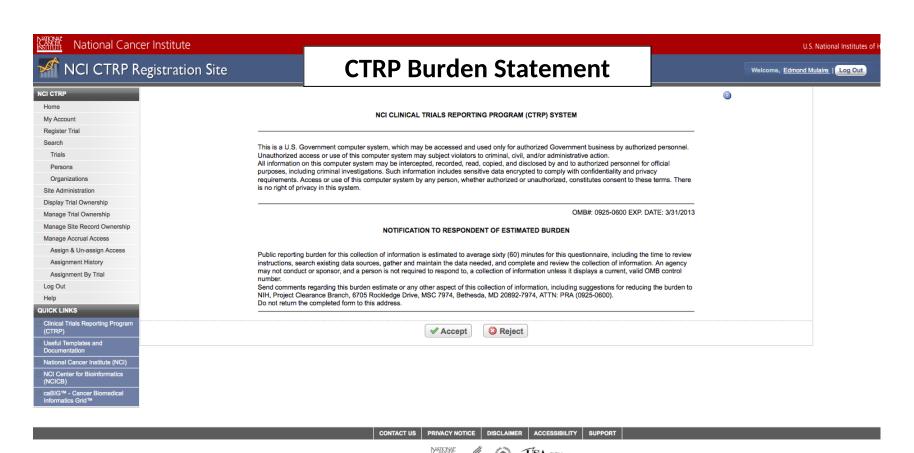
#### **NCI CTRP Attachment 3**

### NCI CTRP Registration, Update, Amendment, Accrual Portal Workflow and Screen Shots

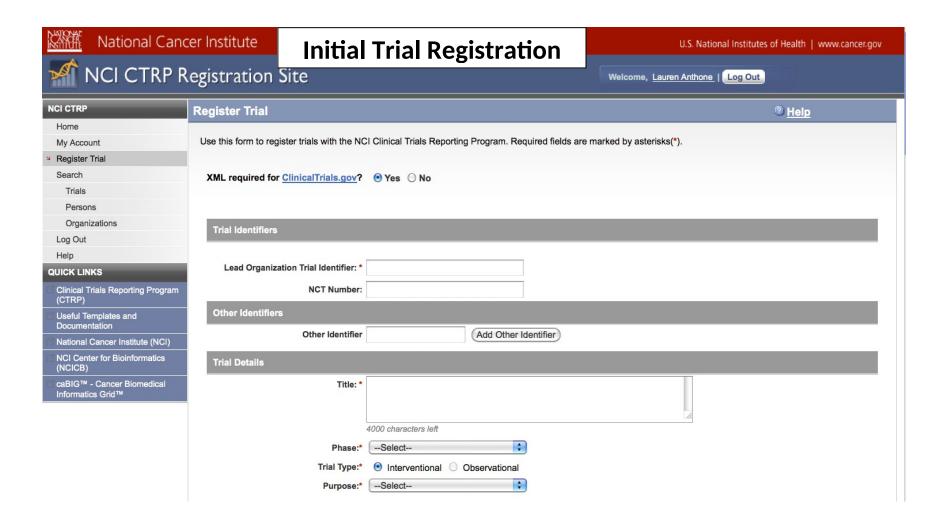
- Step 1: User accesses the NCI Clinical Trials Reporting Program website at http://trials.nci.nih.gov see screenshot, page 2
- Step 2: User clicks "Login"
- Step 3: User enters "Username" and "Password" see screenshot, page 3
- Step 4: User reviews NCI Clinical Trials Reporting Program burden statement see screenshot, page 4
- Step 5: System displays "Search Submitted Clinical Trials" page see screenshot, page 19
- Step 6: Alternative workflows, a f, a user may perform any of these actions upon entering the system:
  - a. User selects to perform "Initial Trial Registration" and completes initial registration see screenshots, pages 5 8, OR
  - b. User selects to "Update Trial" and updates an existing trial record see screenshots, pages 9 13, OR
  - c. User selects to "Submit Trial Amendment" and amends an existing trial record see screenshots, pages 14 19, OR
  - d. User selects to "Search Submitted Clinical Trials" and searches for an existing trial see screenshot, page 20
  - e. User selects to "Submit Study Subject Accrual Information" and submits subject level accrual information on a registered trial see screenshots, pages 21 24
  - f. User selects to "Update Study Subject Accrual Information" and updates subject level accrual information on a registered trial see screenshot, page 25
  - g. User selects to "Submit Aggregate Study Subject Accrual Information" and submits aggregate accrual information on a registered trial see screenshot, page 26

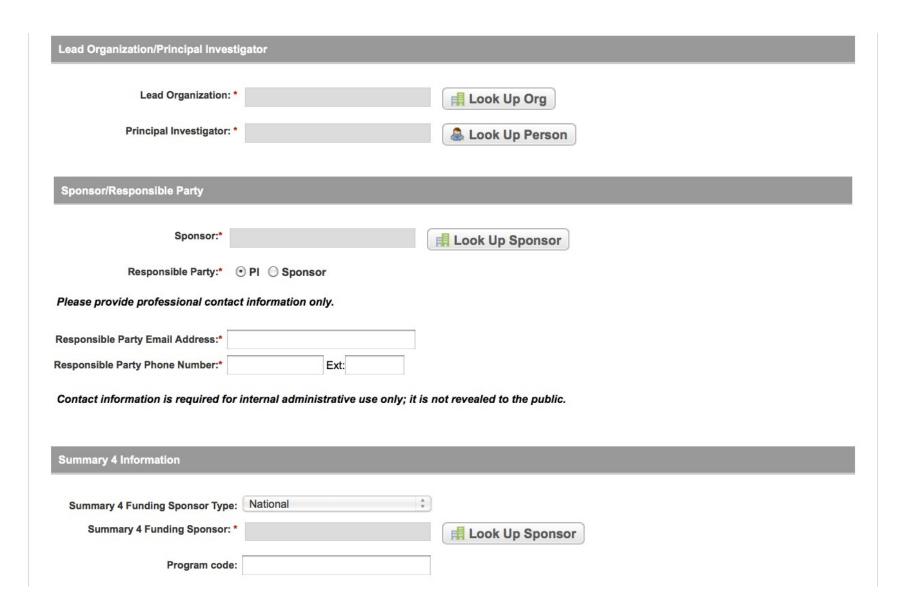
# **CTRP Home page**









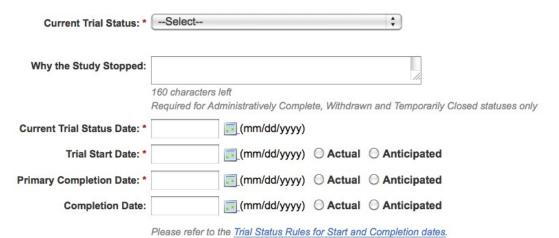


#### NIH Grant Information (for NIH funded Trials)

To record grant information, provide values for all fields, and then click the Add Grant button.



## Status/Dates

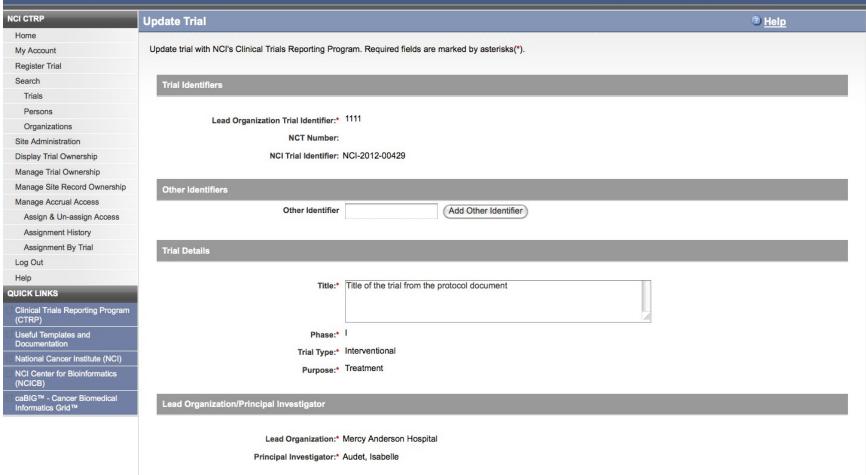




## **Update Trial**

U.S. National Institutes of Health | www.cancer.gov

Welcome, Paula Brown | Log Out



#### Sponsor/Responsible Party

Sponsor:\* American International Hospital

Responsible Party:\* sponsor

Responsible Party Contact: Audet, Isabelle

Responsible Party Generic Contact:

Responsible Party Email Address:\* iaudet@aih.org
Responsible Party Phone Number:\* 123-123-1234

#### Summary 4 Information

Summary 4 Funding Sponsor Type:\* National

Summary 4 Funding Sponsor: \* National Cancer Institue

Program code:

#### NIH Grant Information (for NIH funded Trials)

Assign values to all editable grant elements and click 'Add Grant' button for adding this grant to the trial. Note that the button becomes active when all required grant attributes are assigned.

Funding Mechanism	Institute Code	Serial Number	NCI Division/Program Code	n/Program Code		
Select 💠	Select		Select	Add Grant		

Funding Mechanism	Institute Code	Serial Number	NCI Division/Program Code
B09	AA	123456	N/A

#### Status/Dates

Enrolling by	Invitation		7
Participants are	e being (or will be) sei	lected from a	predetermined population.
			1.
		ete, Withdraw	n and Temporarily Closed statuses only
10/31/2012	[mm/dd/yyyy)		
10/01/2012	[mm/dd/yyyy)	<ul><li>Actual</li></ul>	O Anticipated
10/01/2013	[mm/dd/yyyy)	○ Actual	Anticipated
	[mm/dd/yyyy)	O Actual	○ Anticipated
	Participants are 160 characters Required for Ad 10/31/2012	160 characters left Required for Administratively Comple 10/31/2012 (mm/dd/yyyy) 10/01/2012 (mm/dd/yyyy) 10/01/2013 (mm/dd/yyyy)	Participants are being (or will be) selected from a  160 characters left Required for Administratively Complete, Withdraw  10/31/2012 (mm/dd/yyyy)  10/01/2012 (mm/dd/yyyy)  • Actual

Please refer to the Trial Status Rules for Start and Completion dates.

#### FDA IND/IDE Information for applicable trials

IND/IDE Types	IND/IDE Number	IND/IDE Grantor	IND/IDE Holder Type	NIH Institution, NCI Division/Program Code (if applicable)	Expanded Access ?	Expanded Access Type (if applicable)	Exempt? (if applicable)
IND	123	CDER	Investigator		No		No

#### Regulatory Information

Trial Oversight Authority Country: \* United States

Trial Oversight Authority Organization Name: \* Food and Drug Administration

FDA Regulated Intervention Indicator: \* Yes

Section 801 Indicator: \* No

Delayed Posting Indicator:\*

Data Monitoring Committee Appointed Indicator: Yes

#### Participating Sites

Site	Recruitment Status	Date	Program Code
Banner MD Anderson Cancer Center	Enrolling by Invitation \$	10/31/2012	

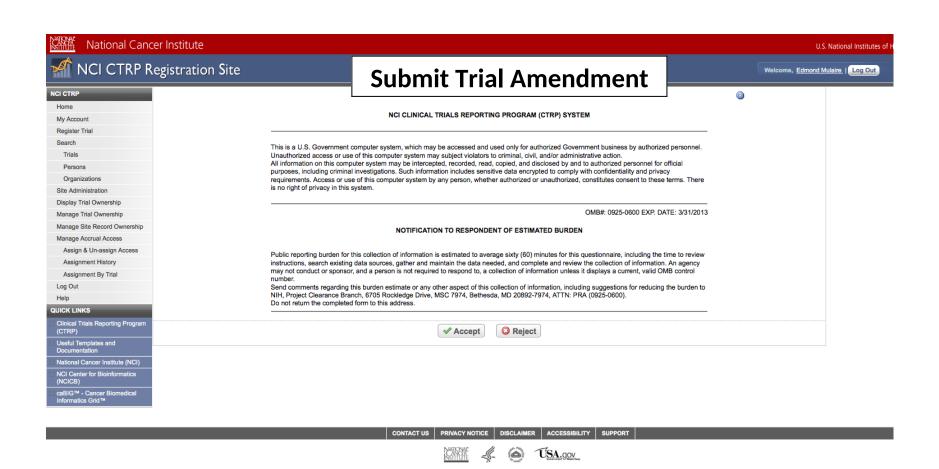
#### Collaborators

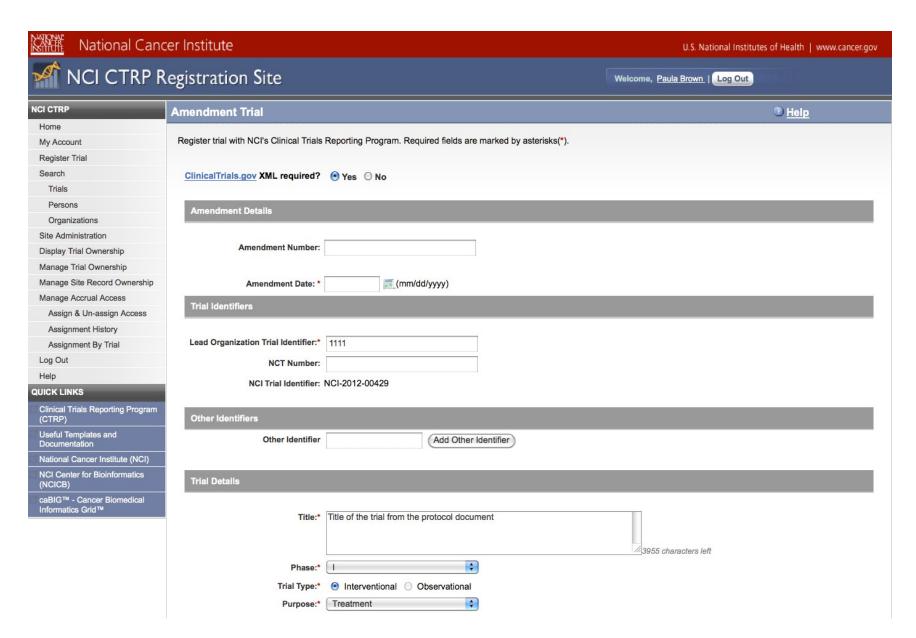
Collaborator	Functional Role
National Cancer Institute	Funding Source

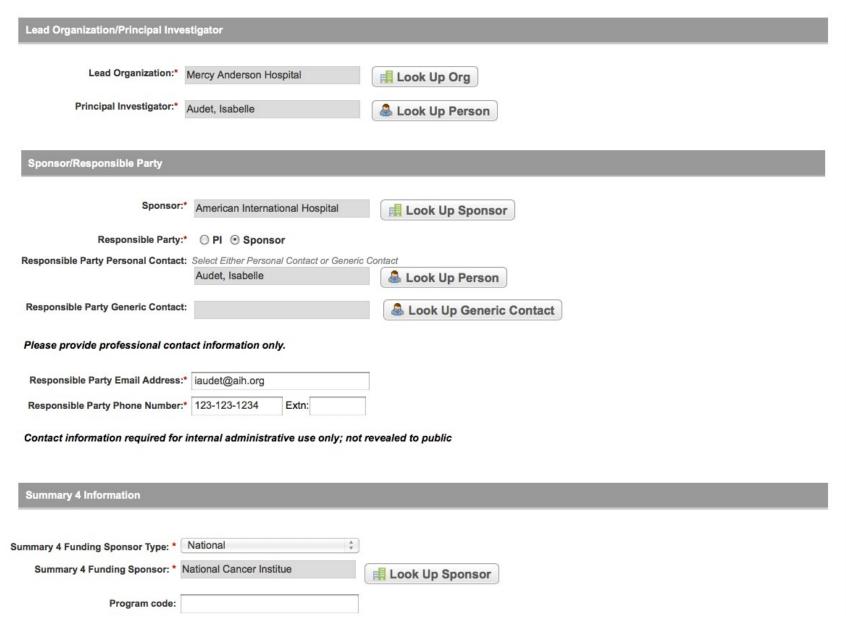
#### **Existing Trial Related Documents**

Document Type	File Name
Protocol Document	protocol.doc
IRB Approval Document	irb_approval.doc
TSR	TSR_NCI-2012-00429_2012-10-31-1946_O.rtf

#### **Trial Related Documents** Registration requires submission of the complete protocol (for non-industry trials) or a summary of the protocol (for industry trials) and IRB Approval document. For multi-center trials, a list of participating sites and contact information is required. If the protocol does not include Informed Consent or participating sites, submit them separately. Tips for creating CTRP compatible PDF documents **Protocol Document:** Browse... IRB Approval: Browse... List of Participating Sites: Browse... Informed Consent Document: Browse... Other: Browse... Add more... Please verify ALL the trial information you provided on this screen before clicking the "Review Trial" button below. Review Trial Cancel CONTACT US PRIVACY NOTICE DISCLAIMER ACCESSIBILITY SUPPORT USA.gov

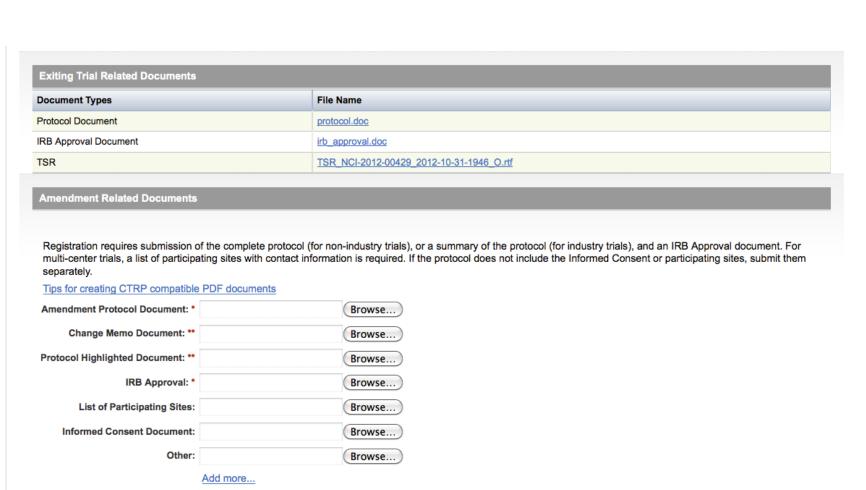






#### NIH Grant Information (for NIH funded Trials) To record grant information, provide values for all fields, and then click the Add Grant button. **Funding Mechanism** Institute Code Serial Number NCI Division/Program Code --Select----Select----Select--Add Grant **Funding Mechanism** NIH Institute Code Serial Number NCI Division/Program Code Action B09 AA 123456 N/A Status/Dates Current Trial Status: \* Enrolling by Invitation Participants are being (or will be) selected from a predetermined population. Why the Study Stopped: 160 characters left Required for Administratively Complete, Withdrawn and Temporarily Closed statuses only Current Trial Status Date: \* 10/31/2012 [mm/dd/yyyy) [ (mm/dd/yyyy) ⊙ Actual ○ Anticipated Trial Start Date: \* 10/01/2012 [mm/dd/yyyy) ○ Actual ○ Anticipated Primary Completion Date: \* 10/01/2013 Completion Date: [mm/dd/yyyy) ○ Actual ○ Anticipated Please refer to the Trial Status Rules for Start and Completion dates.

FDA IND/IDE Inf	forma	tion for applica	able trials						
To record IND/II	DE inf	ormation, prov	vide values for	all fields, and ther	click the Add IND/IDE	button.			
	IND/II Numb			D/IDE NIH In Ider Type applic	stitution, NCI Division/P able)	rogram Code (if	Expand		Exempt? (if applicable)
-Select- 💠		-Se	elect- 🗘 🚭	Select- 🗘 -Sele	ect-	•	☐ Yes	-Select-	☐ Yes
IND/IDE Type		Number	Grantor	Holder	Program Code	Expanded Access?	E	xpanded Access Type	Exempt?
IND		123	CDER	Investigator		No			No
	Regulatory Information  Trial Oversight Authority Country:* United States								
		•							
_	Trial Oversight Authority Organization Name :* Food and Drug Administration \$\diangle\$  FDA Regulated Intervention Indicator :* Yes \$\diangle\$								
IDAI	FDA Regulated Intervention Indicator :* Yes \$  Section 801 Indicator :* No \$								
	Delayed Posting Indicator:*								
Data Monitoring	Data Monitoring Committee Appointed Indicator: Yes 🕏								



\*\* At least one is required: Change Memo Document or Protocol Highlighted Document

Please verify ALL the trial information you provided on this screen before clicking the "Submit Trial" button below.

Once you submit the trial you will not be able to modify the information.



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