

Landing Page for External Users

The screenshot shows a web browser window with the following elements:

- Browser Title Bar:** NCI Research Advocate System - Internet Explorer
- Address Bar:** <https://hdadvocates.cancer.gov/oaext/OARHome.action>
- Page Header:**
 - NIH NATIONAL CANCER INSTITUTE Office of Advocacy Relations**
 - OMB No: 0925-0641 Expiry Date: 12/31/2017 [Help](#)
- Main Content Area:**
 - Advocate Profile Login**
 - User ID
 - Password [Forgot Password](#)
 -
 - Warning Notice**
 - This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.
 - This system is provided for Government-authorized use only.
 - Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
 - Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
 - By using this system, you understand and consent to the following:
 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.
- Page Footer:**
 - [OAR Home](#) | [Contact OAR](#) | [NCI Home](#) | [Policies](#) | [Accessibility](#) | [Viewing Files](#) | [FOIA](#)
 - [U.S. Department of Health and Human Services](#) | [National Institutes of Health](#) | [National Cancer Institute](#) | [USA.gov](#)
 - NIH...Turning Discovery Into Health®
- Taskbar:** Shows Start button, taskbar icons for Internet Explorer, File Explorer, Chrome, and Word, and system tray with time 3:20 PM and date 9/13/2017.



OMB No: 0925-0641 Expiry Date: 12/31/2017
[Help](#)

Welcome to the NCI Office of Advocacy Relations (OAR) Research Advocate System. OAR designed this application to capture information to facilitate the advocate matching process for NCI activities.

If you have any questions or comments while completing your profile, please [contact OAR](#). Thank you for your interest in sharing the collective patient perspective.

PROCEED

OMB No.: 0925-0641
Expiration Date: 12/31/2017

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by email to complete this instrument so that we can maintain current information about our network of research advocates.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0641). Do not return the completed form to this address.

Landing Page for Internal Users to submit request

The screenshot shows a web browser window with the URL <https://oar.nci.nih.gov/oar/AddRequests.action>. The page header includes the NIH logo and 'NATIONAL CANCER INSTITUTE Office of Advocacy Relations'. Navigation links include 'Home', 'Advocates', and 'Requests'. The user is identified as 'JOHN FREIMUTH'. The main content area is titled 'Add New Request » Requester Contact Information' and includes a 'Request Status: Draft' indicator. The form contains fields for 'Request Date' (09/13/2017) and 'Need By'. A note states: '* Asterisk indicates a required field'. The form fields are: Prefix (dropdown), * First Name, * Last Name, Suffix, * D/O/Cs (dropdown), * Program/Office, * Email, and * Phone. A 'Next >>' button is located below the form. The footer contains links for 'OAR Home', 'Contact OAR', 'NCI Home', 'Policies', 'Accessibility', 'Viewing Files', and 'FOIA', along with the text 'U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov' and the slogan 'NIH...Turning Discovery Into Health®'. The Windows taskbar at the bottom shows the Start button and several application icons, with the system tray displaying the time as 3:33 PM on 9/13/2017.



Add New Advocate

- 1. Advocate Contact Information >>
- 2. Demographics >>
- 3. Cancer Experience >>
- 4. Advocacy Experience

Note: * Asterisk indicates a required field

Prefix * First Name * Last Name Suffix

* Primary Phone Ext. Secondary Phone Ext. * Email

* Street Address * City * State * Zip

* Are you willing to travel for an NCI research activity? Yes No

Next >>

Save as Draft

Advocate Profile (Page 2)

Add New Advocate

1. Advocate Contact Information » **2. Demographics** » 3. Cancer Experience » 4. Advocacy Experience

Note: * Asterisk indicates a required field

* Gender Male Female Other Prefer Not to Disclose * Age

* Please select your ethnicity.

Hispanic/Latino Non-Hispanic/Latino Prefer Not to Disclose

* With what race do you most closely identify? (Check all that apply)

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Prefer Not to Disclose

* What language(s) do you speak? (Check all that apply)

American Sign Language English Indian Languages Portuguese Tagalog
 Arabic French Italian Russian Other
 Chinese German Korean Spanish

* What educational degrees have you obtained? (Check all that apply)

If your degree is not listed, please choose the closest equivalent.

<input type="checkbox"/> Less than High School Degree	<input type="checkbox"/> J.D.	Area of Study <input type="text"/>
<input type="checkbox"/> High School Degree or Equivalent	<input type="checkbox"/> D.D.S.	Area of Study <input type="text"/>
<input type="checkbox"/> A.A. Area of Study <input type="text"/>	<input type="checkbox"/> Ph.D.	Area of Study <input type="text"/>
<input type="checkbox"/> B.A./B.S. Area of Study <input type="text"/>	<input type="checkbox"/> M.D.	Area of Study <input type="text"/>
<input type="checkbox"/> M.A./M.S. Area of Study <input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>
<input type="checkbox"/> M.P.H. Area of Study <input type="text"/>		

[<< Previous](#) [Next >>](#)

[Save as Draft](#)

Add New Advocate

1. Advocate Contact Information » 2. Demographics » 3. Cancer Experience » 4. Advocacy Experience

Note: * Asterisk indicates a required field

* What is your personal and/or professional connection to cancer? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Cancer survivor | <input type="checkbox"/> Friend of cancer survivor/patient | <input type="checkbox"/> Volunteer at an Advocacy Organization |
| <input type="checkbox"/> Currently in treatment | <input type="checkbox"/> Caregiver of cancer survivor/patient | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Currently in clinical trial | <input type="checkbox"/> Health professional in cancer-related field | |
| <input type="checkbox"/> Related to cancer survivor/patient | <input type="checkbox"/> Professional staff at an advocacy organization | |

* Select the cancer type(s) with which you have significant expertise. (Select up to two)

Cancer Type:

* Please indicate the areas of research in which you have an interest. For example, as a reviewer, collaborator, etc. (Check all that apply)

- | | | | | |
|--|--|---|---------------------------------------|---|
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Disparities | <input type="checkbox"/> Genomics | <input type="checkbox"/> Prevention | <input type="checkbox"/> Translational Science |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Early Detection | <input type="checkbox"/> Population Science | <input type="checkbox"/> Survivorship | <input type="checkbox"/> Other <input type="text" value="Specify"/> |

* With what populations do you have experience? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adolescent/Young Adult | <input type="checkbox"/> Elderly/Geriatric | <input type="checkbox"/> Rural |
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender | <input type="checkbox"/> Urban |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hereditary Risk for Cancer | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Appalachian | <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Low Literacy | |
| <input type="checkbox"/> Childhood/Pediatric | <input type="checkbox"/> Medically Underserved | |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |

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[Save as Draft](#)

Advocate Profile (Page 4)

NCI Research Advocate Syst... x

NIH NATIONAL CANCER INSTITUTE
Office of Advocacy Relations

Advocacy Organizations | Research Advocates

Name: JOHN Freimuth
[Help](#)

Home Advocates Requests

Search Advocates | [Add New Advocate](#) | Request New Advocate Profile

<< Go Back to Search Incomplete Advocate Profiles

Add New Advocate

1. Advocate Contact Information » 2. Demographics » 3. Cancer Experience » 4. Advocate Experience

Note: * Asterisk indicates a required field

* Are you affiliated with a cancer advocacy or professional organization?

Yes No
Please add organization(s) and title/role within the organization below. NOTE: Please do not enter acronyms.

* Affiliated Organization	* Title/Role	Year(s), ex. 2008 - 2010, 2010 - Present	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>

* Please provide highlights of your research advocacy experience. You may limit your activities to the past 6 months or year (Experience can include participation in NCI research activities, non-NCI research activities, positions and trainings). If you have an NIH Biosketch, you can copy and paste activities here.

Applicable Not Applicable

* Activity	* Activity Type	* Organization	* Start Date (MM/YYYY)	* End Date (MM/YYYY)	Comments	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>

Upload your CV/NIH Biosketch, if desired.

Do not include sensitive information in your résumé, such as your driver's license or social security numbers.

* Please provide a short bio detailing your cancer research advocacy experience.

0 characters | 0 words | max 2000 characters

Please indicate why serving as an NCI research advocate would interest you.

Advocate Profile (Page 4 continued)

0 characters | 0 words | max 2000 characters

Please indicate why serving as an NCI research advocate would interest you.

How did you hear about becoming an NCI research advocate?

List of Advocacy Experiences at NCI

Activity

* Title	* Start Date	* End Date	* Activity Type	Action
				Remove

Add Another Activity

Type of NCI Advocacy Engagement Expertise (Visible to OAR Staff Only)

Advise Design Review Disseminate

OAR Contact with Advocate Log (Visible to OAR Staff Only)

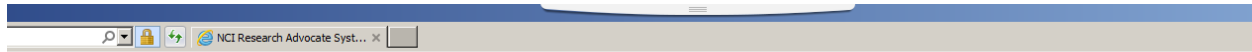
Notes	OAR Staff Member	Date	Action
	First Name Last Name		Remove

Add Another Note

General Notes (Visible to OAR Staff Only)

<< Previous Save as Draft Submit

Program Staff Request (Page 1)



[Advocacy Organizations](#) | [Research Advocates](#)

Name: JOHN Freimuth
[Help](#)

[Home](#) [Advocates](#) [Requests](#)

[Search Request](#) | [Submit New Request](#) | [Survey](#)

Add New Request » Requester Contact Information

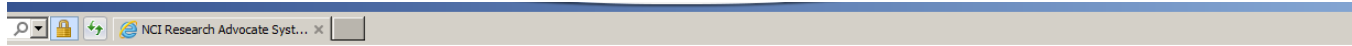
Request Status: Draft

Request Date Need By

Note: * Asterisk indicates a required field

Prefix * First Name * Last Name Suffix
* D/O/Cs * Program/Office
* Email * Phone

[Next >>](#)



[Advocacy Organizations](#) | [Research Advocates](#)

Name: JOHN Freimuth
[Help](#)

[Home](#) [Advocates](#) [Requests](#)

[Search Request](#) | [Submit New Request](#) | [Survey](#)

Add New Request » Activity Description

Request Status: Draft

<p>* Activity Type <input type="text"/></p> <p>If other, please specify <input type="text" value="Specify"/></p> <p>* Activity Title <input type="text"/></p> <p>Activity Date Range (if end date unknown please enter approximate end date) <input type="text"/> to <input type="text"/></p> <p>* Is Travel Required? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Activity Address Line 1 <input type="text"/></p> <p>Activity Address Line 2 <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/></p> <p>Zip code <input type="text"/></p>	<p>* Activity Description</p> <div style="border: 1px solid gray; height: 200px;"></div>
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Program Staff Request (Page 3)



Add New Request » Advocate Details

Request Status: Draft

* Number of research advocates requested

Please check any specific cancer sites that you would like a research advocate to have either personal or professional experience with (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Anal | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Multiple Myeloma |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Non-melanoma Skin |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Oral |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Ovarian |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Pancreatic |
| <input type="checkbox"/> Endometrial (Uterine) | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Esophageal | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Gastrointestinal ? | <input type="checkbox"/> Sarcoma |
| <input type="checkbox"/> Head and Neck | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Testicular |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Other <input type="text" value="specify"/> |
| <input type="checkbox"/> Lung | |

* Preferred Knowledge/Experience in Topic Area

Preferred Population Demographics

Notes (including Potential Conflicts of Interest)

Notes (Visible to OAR Staff Only)

[<< Previous](#) [Submit](#)