Attachment_D02_Prelim_Audit_Find

OMB #XXXX-XXXX Expiration Date: XX/XX/XXX

Public reporting burden for this collection of information is estimated to average 10 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 many 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 (OMB#xxx-xxxx). Do not return the completed form to this address.

	PR Revise	ELIMINA	_	ORT OF A	UDIT FINDI	NGS	Na Na	blic Health Service ational Institutes of Health ational Cancer Institute thesda, Maryland 20892
Credited Group:	ECOG-ACR	IN	Auditi	ing Group:	ECOG-ACRI	N Categ	ory:	Treatment
Membership Study	Type: Treatment		Audit	Type:	Routine audit		onents: Team	REG P PTC
Audit Date: 1	0/13/2017	Date of	Prior Aud	lit: 07/	11/2016	Lead		
Institution CTEP C	ode / Name: CH	RISTIANA				NCI Communit 400, Newark, Do		y Research Program, 9713, USA
Institution CTEP C Delaware/Christiana				Program	Institution CT	EP Code / Name	e Tier2:	
CRITICAL AND/O If YES, briefly describe:	R MAJOR DEFI	CIENCIES I	FOR REG	IRB, ICC	and/or DTL	YE\$	NO	Not Reviewed
DRUG ACCOUNT. If YES or Not Reviewed, briefly describe	ABILITY /PHAR	MACY CRI	TICAL/NO	ON-COMPI	LIANCE	YE\$	NO	Not Reviewed
PATIENT CASE R	EVIEW SUMMA	RY						
Category	# of PTC Reviewed	CRITICAL M	ot Lajor Deficiencies	Briefly desc	ribe CRITICAI	L and/or Major	Deficienc	ies
Informed Consent								
Eligibility								
Treatment								
Disease								
Outcome/Response								
Adverse Events								
General Data Management Quali	ty							
UPLOAD THIS RE DATABASE WITH						(CTMB) AT NC	I/CTEP I	NTO THE CTMB-AIS
misrepresentation o 6545] of any finding any component (reg	f data must be im 35 suspicious and/0 32 gulatory document	mediately re or suggestive tation, pharm	ported to (of intention nacy and p	CTMB. The onal misrep oatient case	e CTMB must b resentation of d	e notified imme lata and/or disro udit. Similarly,	diately by egard for any data	ny suspicion of intentional y telephone [(240) 276- regulatory safeguards for irregularities identified must be immediately

Addit	tional Comments:	PRELIMINARY REPORT	OF AUDIT FINDINGS e & Save	Public Health Service National Institutes of Health National Cancer Institute Bethesda, Maryland 20892
Auun	tional Comments:			
N/A				
DATA	ABASE WITHIN ONE WO	RKING DAY OF COMPLETIN	G THE AUDIT .	I NCI/CTEP INTO THE CTMB-AIS
misrep 6545] any co throug report of any resear of susp	presentation of data must b of any findings suspicious a omponent (regulatory docu gh other quality control pro- ted to CTMB. It is the resp y significant irregularities of rch program. It should be eff	e immediately reported to CTMI and/or suggestive of intentional m mentation, pharmacy and patien ocedures suspicious and/ or sugge onsibility of the Network Group or allegations related to scientific 1 mphasized that the irregularity/n otification. It is also essential tha	3. The CTMB must be notified in interpresentation of data and/or t case review) of an audit. Simili- sitive of intentional misrepresen or NCORP Research Base to im misconduct by a staff member on nisrepresentation of data does not a staff member of the staff memb	un that raise any suspicion of intentional immediately by telephone [(240) 276- disregard for regulatory safeguards for arly, any data irregularities identified itation of data must be immediately unediately notify CTMB when they learn or institution participating in their not need to be proven, a reasonable level institutions follow their own institutional