OMB# 0925-0753
Expiration Date 07/31/2021



## 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.

**Submit to** the CTSU Regulatory Office via the Regulatory Submission Portal: www.ctsu.org.

# Cancer Trials Support Unit

## *Optional form 1*
## *Withdraw from Protocol Participation*

~~***Email, Mail or***~~
~~Cancer Trials Suppor~~
~~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 permanently closing this study)* | **NCI Institution Code :** *(ALXXX)* |
|---|---|
| | |
| | |
| | |
| | |
| **Protocol Title:** *(Shortened version acceptable)* | **Protocol Number:** |
| | |

**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 the 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 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 initial review of this protocol from the new IRB must be submitted to the CTSU. Submission of this form only documents withdraw of the approval from the originating 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 |