

NCI CTRP Attachment 3d

NCI CTRP Accrual Portal Workflow and Screen Shots

Step 1: User accesses the NCI Clinical Trials Reporting Program Accrual website at <http://trials.nci.nih.gov/accrual> – see screenshot, page 2

Step 2: User enters “Username” and “Password” – see screenshot, page 2

Step 3: User reviews NCI Clinical Trials Reporting Program Accrual burden statement – see screenshot, page 3

Step 4: User selects a trial to “Submit Study Subject Accrual Information” and submits subject level accrual information on that registered trial – see screenshots, pages 4 – 6

CTRP Home and Login page



Welcome to NCI's Clinical Trials Reporting Program

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.
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 - ✓ Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

➔ Sign In
✍ Sign Up
🔍 Reset Password

Username

Password

Sign In ➔

This site allows for the upload of accrual data for trials submitted to CTRP. If trials are NCI-supported CTEP/DCP trials, accrual submission is handled via your normal accrual reporting, and it is not necessary to submit additional accrual data via this site. If you have any questions regarding accrual submission for a specific trial, please contact the Clinical Trials Reporting Office (CTRO) at ncictro@mail.nih.gov.

Want to learn more about the Reporting Program? Visit the [NCI Clinical Trials Reporting Program](#) website. If you have questions or want to report any issues, send an email to ctrp_support@nih.gov



CTRP Accrual Burden Statement



NCI CLINICAL TRIALS REPORTING PROGRAM (CTRP) SYSTEM

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NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

OMB#: 0925-0600 EXP. DATE: 8/31/19

Public reporting burden for this collection of information is estimated to average fifteen (15) minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review 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 current, valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0600). Do not return the completed form to this address.

Accept

Reject

Select Trial to Submit Subject Accrual Information

Trial Search

NCI Trial Identifier ?

ClinicalTrials.gov ID ?

Official Title ?

List of Trials

Show 10

Search: Choose columns << < 1 > >>

NCI Trial Identifier	Official Title	Current Trial Status	Trial Type	Accrual Disease Terminology
NCI-2015-01833	Phase I Protocol Evaluating a Stereotactic Boost/Treatment for Recurrent or Metastatic Cancer of the Head and Neck	Active	Interventional	ICD9

Showing 1 to 1 of 1

Export options: CSV | Excel

<< < 1 > >>



NCI CTRP Accrual

Trial Search

Batch Upload

Prior Submissions

Accrual Counts

Disease Search

Quick Links

Contact Us

Help

NCI-2015-01833: Phase I Protocol Evaluating a Stereotactic Boost/Treatment for Recurrent or Metastatic Cancer of the Head and Neck

Lead Organization Trial ID: 15-183

Principal Investigator: Schoenfeld, Jonathan

Lead Organization: Dana-Farber Harvard Cancer Center

Add Study Subject

Study Subject ID: *

Study Subject Birth Date (MM/YYYY): *

Study Subject Gender: *

Study Subject Race: *
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Not Reported
 Unknown
 White

To select multiple races, select one race, and then press and hold the CTRL key as you select the other(s).

Study Subject Ethnicity: *

Study Subject Country: *

Study Subject Zip Code:

Registration Date: *

Study Subject method of payment:

Disease: *

Participating Site: *