

Public reporting burden for this collection of information is estimated to average 21 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 (OMB#xxxx-xxxx). Do not return the completed form to this address.

CTMB - Audit Information System

ADMIN, CTMBAIS (ECOG-ACRIN) Change User Role Logout Help

**Audit Scheduling Information**

- Schedule/Update Audits
- View Ongoing/Completed Audits
- Auditor Information
- Final Report Information
- Follow-up Information
- Roster Maintenance
- Intergroup Data
- Document Management
- Reports
- Templates & Worksheets
- Guides

**Schedule a New Audit**

Institution Name Tier 1

Institution CTEP Code Tier 1

Institution Name

Institution CTEP Code

Next Clear

S1400

\* Audit Date (MM/DD/YYYY) 10/20/2017

\* Audit Type Initial

Audit Time (hh:mm) : :

\* Audit Duration (in days) 1.0

Save

- \* Indicates that the site is required to be Re-audited
- Grayed out checkbox indicates that the site has a pending audit
- Grayed out checkbox with check indicates that the site has a pending audit on the same schedule

**Assign Audit Sites**

Add	Group	Institution Name Tier 1	Institution CTEP Code Tier 1	Institution Name Tier 2	Institution CTEP Code Tier 2	Institution Name Tier 3	Institution CTEP Code Tier 3	Audit City	Audit State/Province	Membership Type	Membership Status	Membership Study Type
<input checked="" type="checkbox"/>	ECOG-ACRIN	Stroger Hospital of Cook County Minority Underserved NCORP	STROGER	John H Stroger Jr Hospital of Cook County	11042			Chicago	Illinois	NCORP MU component	Active	S1400

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S1400

**Audit Date :** 10/20/2017 **Audit Type :** Initial

Credited Group	Auditing Group	Assigned Audit Sites					
		Institution Name Tier 1	Institution CTEP Code Tier 1	Institution Name Tier 2	Institution CTEP Code Tier 2	Institution Name Tier 3	Institution CTEP Code Tier 3
<input checked="" type="checkbox"/> ECOG-ACRIN	ECOG-ACRIN	Stroger Hospital of Cook County Minority Underserved NCRP	STROGER	John H Stroger Jr Hospital of Cook County	IL042		

\* indicates a required field

**View Assigned Audit Site Details**

Institution Name John H Stroger Jr Hospital of Cook County  
 Institution CTEP Code IL042  
 Membership Type NCRP MU component  
 Audit Category Treatment  
 Membership Study Type S1400  
 Audit Date 10/20/2017  
 Contact Person: Details  
 Is this off-site? No  
 John H Stroger Jr Hospital of Cook County  
 \* Location : ( Chicago, Illinois, USA )  
 Details  
 Regulatory Review Required Yes  
 \* Pharmacy Review Required Yes-Overall  
 Patient Case Review Required Yes  
 Co-Site Visitor None  
 Protocol/Site/Patient Details  
 Number of Site Auditors Assigned 0 Details  
 Preliminary Report Template  
 Site Audit Status Scheduled  
 Save Delete

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S1400

**Audit Date :** 10/20/2017 **Audit Type :** Initial

Credited Group	Auditing Group	Assigned Audit Sites					
		Institution Name Tier 1	Institution CTEP Code Tier 1	Institution Name Tier 2	Institution CTEP Code Tier 2	Institution Name Tier 3	Institution CTEP Code Tier 3
<input checked="" type="checkbox"/> ECOG-ACRIN	ECOG-ACRIN	Stroger Hospital of Cook County Minority Underserved NCRP	STROGER	John H Stroger Jr Hospital of Cook County	IL042		

\* indicates a required field

**View Assigned Audit Site Details**

Institution Name John H Stroger Jr Hospital of Cook County  
 Institution CTEP Code IL042  
 Membership Type NCRP MU component  
 Audit Category Treatment  
 Membership Study Type S1400  
 Audit Date 10/20/2017  
 Contact Person: Details  
 Is this off-site? No  
 John H Stroger Jr Hospital of Cook County  
 \* Location : ( Chicago, Illinois, USA )  
 Details  
 Regulatory Review Required Yes  
 \* Pharmacy Review Required Yes-Overall  
 Patient Case Review Required Yes  
 Co-Site Visitor None  
 Protocol/Site/Patient Details  
 Number of Site Auditors Assigned 0 Details  
 Preliminary Report Template  
 Site Audit Status Scheduled  
 Save Delete

**Contact Details**

Contact Person: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Contact Fax: \_\_\_\_\_  
 Contact Email Address: \_\_\_\_\_  
 Save

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S1400

**Audit Date :** 10/20/2017 **Audit Type :** Initial

Credited Group	Auditing Group	Assigned Audit Sites					
		Institution Name Tier 1	Institution CTEP Code Tier 1	Institution Name Tier 2	Institution CTEP Code Tier 2	Institution Name Tier 3	Institution CTEP Code Tier 3
<input checked="" type="checkbox"/> ECOG-ACRIN	ECOG-ACRIN	Stroger Hospital of Cook County Minority Underserved NCRP	STROGER	John H Stroger Jr Hospital of Cook County	IL042		

\* indicates a required field

**View Assigned Audit Site Details**

Institution Name John H Stroger Jr Hospital of Cook County  
 Institution CTEP Code IL042  
 Membership Type NCRP MU component  
 Audit Category Treatment  
 Membership Study Type S1400  
 Audit Date 10/20/2017  
 Contact Person: Details  
 Is this off-site? No  
 John H Stroger Jr Hospital of Cook County  
 \* Location : ( Chicago, Illinois, USA )  
 Details  
 Regulatory Review Required Yes  
 \* Pharmacy Review Required Yes-Overall  
 Patient Case Review Required Yes  
 Co-Site Visitor None  
 Protocol/Site/Patient Details  
 Number of Site Auditors Assigned 0 Details  
 Preliminary Report Template  
 Site Audit Status Scheduled  
 Save Delete

**Audit Location Details**

Is this off-site? No  
 \* Location : John H Stroger Jr Hospital of  
 Audit Address : 1901 West Harrison Street  
 Audit Address (cont'd):  
 \* Audit City : Chicago  
 \* Audit Country : USA  
 Audit State/Province : Illinois  
 Audit Zip/Postal Code : 60612  
 Save

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Treatment

Audit Date : 10/13/2017 Audit Type : Routine audit

		Assigned Audit Sites					
Credited Group	Auditing Group	Institution Name Tier 1	Institution CTEP Code Tier 1	Institution Name Tier 2	Institution CTEP Code Tier 2	Institution Name Tier 3	Institution CTEP Code Tier 3
<input checked="" type="checkbox"/>	ECOG-ACRIN	ECOG-ACRIN	Delaware/Christiana Care NCI Community Oncology Research Program	CHRISTIANA			

  

Delete	Select Protocol	Select Site	Regulatory/Pharmacy	Patient Case	Announced Patients	Un-Announced Patients
<input type="checkbox"/>	E1411	DE002	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14026	Type here to select patients
<input type="checkbox"/>	E1411	DE040	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	Type here to select patients	14236
<input type="checkbox"/>	E1411	DE019	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14300	Type here to select patients
<input type="checkbox"/>	E1A11	DE019	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	10247	Type here to select patients
<input type="checkbox"/>	E1A11	DE002	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10068	10046

[Save](#) [Clear](#)

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Audit Date : 10/13/2017 Audit Type : Routine audit

		Assigned Audit Sites					
Credited Group	Auditing Group	Institution Name Tier 1	Institution CTEP Code Tier 1	Institution Name Tier 2	Institution CTEP Code Tier 2	Institution Name Tier 3	Institution CTEP Code Tier 3
<input checked="" type="checkbox"/>	ECOG-ACRIN	ECOG-ACRIN	Delaware/Christiana Care NCI Community Oncology Research Program	CHRISTIANA			

  

Add		Delete	Assigned Auditors					
Auditor Name(Degree)	Volunteer?	Rave Access	Title/Specialty	Affiliation	Email Address	IAM Account Status	Delete	
Mr. Sabol, Christopher ( BS,MS )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		VCU	sabolc@CTIS1mkcc.org	Active	<input type="checkbox"/>	
Ms. Macabare, Sophia ( BS )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		CTSU	sophia.macabare@CTIS1bwhhealth.org	Active	<input type="checkbox"/>	

CTIS INC.,