

## **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

## Clinical Trials Reporting Program Login

Clinical Trials Reporting Program

 NIH Login

OR

Username

Password

Remember me

**SIGN IN**

Need help signing in?

Don't have an account? [Sign up](#)

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following:

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at the National Institutes of Health

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- LAST BUILD
- 04-19-22 10:51
- [API Build Details](#)

# CTRP Accrual Burden Statement



## NCI CLINICAL TRIALS REPORTING PROGRAM (CTRP) SYSTEM

### 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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## NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

OMB#: 0925-0600 EXP. DATE: 10/31/22

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 > >>



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: \*