CPRC Expedited Application

# No additional documentation (i.e. protocol, grant, etc.) is required with this application.

# Clinical Research Project Information

**1. Project Type:** *(If none of these are applicable, please fill out the* [*CPRC Standard Application*](http://www.cancer.umn.edu/for-researchers/investigator-resources/cancer-protocol-review-commitee) *instead.)*

Retrospective Data Review *- Review of existing data set (database, medical records, etc.)*

Retrospective Specimen Review *- Review of existing specimens.*

Prospective Specimen Repository

*The prospective collection and long-term storage of tissue and often corresponding data to be used primarily for unspecified future research projects. Tissue repositories can include tissue collected from other research protocols or clinical procedures.*

**2. Project Title:**

**3. Project Short Title** (105 characters):

**4. CPRC #** (if previously assigned):

# Project Management

**1. Principal Investigator\***:       Email:      

**2. Project Manager\***:       Email:      

**3. Co-Investigators**:

**4. Regulatory/Coordinator\***:       Role and Email:

*\*Only these staff roles will receive copies of CPRC correspondence.*

# Project Details

**1. Study Aims/Objectives:**

**2. Brief Background:**

**3. Selection Criteria:**

**4. Project Design:**

**5. Project Sponsor:**

**6. Participating Sites:**

University of Minnesota  
 Fairview affiliate sites, specify:        
 Non-Fairview affiliate sites, specify:

**7. Disease Site(s)**: (select all that apply)

Anus   
 Bladder  
 Bones/Joints  
 Brain/Nervous System  
 Breast-Female  
 Breast-Male  
 Cervix Uteri  
 Colon  
 Corpus Uteri  
 Esophagus  
 Eye and Orbit  
 Hodgkin Lymphoma  
 Kaposi’s Sarcoma  
 Kidney  
 Larynx

Leukemia, not otherwise  
 specified  
 Leukemia, other  
 Lip, Oral Cavity and Pharynx  
 Liver  
 Lung  
 Lymphoid Leukemia  
 Melanoma, skin  
 Multiple Myeloma  
 Mycosis Fungiodes  
 Myleoid and Monocytic  
 Leukemia  
 Non-Cancer

Non-Hodgkin Lymphoma  
 Other Digestive Organ  
 Other Endocrine System  
 Other Female Genital  
 Other Hematopoietic  
 Other Male Genital  
 Other Respiratory &  
 Intrathoracic Organs  
 Other Skin  
 Other Urinary  
 Ovary  
 Pancreas  
 Prostate  
 Rectum  
 Small Intestine  
 Soft Tissue  
 Stomach  
 Thyroid

# Signature

Principal Investigator\*: Date:

***\*To submit:***

* *If CTO-managed or Pediatric Oncology-managed, submit directly in ePRMS (ePRMS PI signoff OR PI signature on application is required).*
* *If non CTO/Peds Onc-managed, PI must submit via email from x500 account to* [*ccprc@umn.edu*](mailto:ccprc@umn.edu)*.*