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**.*