Initial Protocol Review Form
13-TLEC: Natural History and Biology of Long-Term Late Effects Following Hematopoietic Cell Transplant for Childhood Hematologic Malignancies

Protocol version: 3.0

Directions: Complete form electronically; print, sign and email to CIBMTR (noted below).

1. PI Name:

2. Site name:

3. Center Number (CCN):

4. Will your center be participating in this study? ☐ Yes ☐ No
   a. If “NO”, please provide reason(s):

5. Based on my review of the protocol, our site will be able to perform the following:
   a. Assess potential subjects for study eligibility criteria: ☐ Yes ☐ No; reason(s):
   b. Present study to all eligible subjects: ☐ Yes ☐ No; reason(s):
   c. Collect and submit data (including all necessary forms): ☐ Yes ☐ No; reason(s):
   d. Collect and test or ship the required lab samples: ☐ Yes ☐ No; reason(s):

6. How many subjects do you anticipate enrolling annually on this protocol?

7. Please identify any foreseeable issue(s) with protocol adherence at your institution:
   ☐ None

8. Additional review comments: ☐ None

If your center will be participating in the study, please attest to the following:
☐ Our study team (all investigators and coordinators) has reviewed the protocol and agree to adhere to it.
☐ Our site has adequate time for the researchers to conduct and complete the research described in the protocol.
☐ Our site will have an adequate number of qualified staff to successfully execute the study protocol.
☐ Our site has adequate facilities to complete all requirements of the study protocol.
☐ Our site has access to the study specific population.
☐ Our site is able to provide medical or psychosocial resources subjects may need as a consequence of the research.

PI Signature: _____________________________           Date: _______________________

Please email completed form to:

Name: Mike Tierney          Email: mtierney@nmdp.org