

<p>This form is used to request permission for data use from PCG studies. Return completed form to PCG via email to hq@pcgresearch.org</p>	
<p><i>Though more than one person may be involved with a project, only one person is permitted on the request and is responsible for abiding by PCG policies for this request. Note: Teleconferences to discuss your request with PCG staff are welcome and encouraged.</i></p> <p>*PCG requires at least 5 business days after approval to pull data from the Electronic Data Capture (EDC) system, in the order the data request was received.</p> <p>Requester name:</p> <p>Requester email address:</p> <p>Date of request:</p>	
<p>1. PCG study for which you are requesting data permission? (i.e. REG001-09):</p>	
<p>2. Do you wish to use all PCG data or specific institutions? <input type="checkbox"/> All institutions <input type="checkbox"/> Specific institution(s) listed:</p>	
<p>3. Brief overview of project:</p>	
<p>4. Please select data to be pulled from the PCG electronic database for this project: <input type="checkbox"/> Diagnosis/Staging <input type="checkbox"/> Prior Treatment <input type="checkbox"/> Baseline (Performance status/scans/labs, if applicable to eCRF) <input type="checkbox"/> Treatment Summary <input type="checkbox"/> Baseline Toxicities <input type="checkbox"/> Adverse Event/Post Treatment/SAE Toxicities <input type="checkbox"/> Follow up, specify (i.e. progression, recurrence, death or All): <input type="checkbox"/> Other, Specify:</p>	
<p>5. If medical records may be needed for your project, please contact PCG directly at hq@pcgresearch.org OR (630) 836-8668.</p>	
<p>6. What is the goal of your project? <input type="checkbox"/> Abstract <input type="checkbox"/> Manuscript <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify:</p>	
<p><i>If abstract</i> where and when (year) would you like to present it?</p>	
<p><i>If manuscript</i>, what journal(s) would you like to target?</p>	
<p>By signing, I verify that I have read and agree to abide by the current PCG Data use and Publication Policy:</p> <p>Signature: _____</p>	
<p>This Section for PCG HQ Use Only</p>	
<p>Date Form Received:</p>	<p>Date Notification to Requester:</p>
<p>Publication Chair Name:</p>	<p>Use Approved <input type="checkbox"/> Use Denied <input type="checkbox"/></p>
<p>Study Chair Name:</p>	<p>Use Approved <input type="checkbox"/> Use Denied <input type="checkbox"/></p>
<p>Study Co-Chair Name:</p>	<p>Use Approved <input type="checkbox"/> Use Denied <input type="checkbox"/></p>

Data Use Form

Disease Site Chair Name:	Use Approved <input type="checkbox"/> Use Denied <input type="checkbox"/>
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