

SAMPLE TABLE 6

**PATIENT ACCRUAL BY INSTITUTION FOR EACH THERAPEUTIC PROTOCOL
(REPORTING PERIOD * ____ TO ____)**

(PLEASE PROVIDE THIS TABLE AS AN ASCII FILE ON DISK)

MEMBER INSTITUTION	C O D E	INSTITUTION** CITY & STATE	PROTOCOL NUMBER	PHASE	NUMBER OF PATIENTS ENTERED
<u>EXAMPLE:</u> <i>U. Oregon</i> <i>U. Oregon</i>	 <i>M</i> <i>C</i>	 <i>U. Oregon</i> <i>Bay Region Hosp. Coos Bay, Oregon</i>	 <i>7903</i> <i>7827</i>	 <i>2</i> <i>3</i>	 <i>3</i> <i>3</i>

* Separate 12 month accrual data into two tables. The first ending December 31 and the second beginning January 1, and ending one month prior to the applicator deadline.

** Identify affiliated institutions through which patients were accrued. Precede the name of the institution by "M" for MEMBERS, "C" for CCOPS, "G" for CGOPs, or "O" for other institutions.