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|  | **Grant Letter Request**  **LETTER OF INTENT**  **Submission Form v1.0** |  |
| **National Cancer Institute**  **Division of Cancer Treatment and Diagnosis**  **Cancer Therapy Evaluation Program** | |

*To complete the form electronically, use the mouse pointer or the Tab key to navigate. Select and enter text for each text field. To easily see text fields, go to* **Tools|Options** *from Word’s menu, click the* **View** *tab, and in the* **Show** *block select ‘***Always’** *from the* **Field Shading** *drop down list.*

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| Lead Group/Institution: |  | | |
| Lead Group/Institution CTEP ID:**1** |  | | |
| Other Organizations on study: |  | | |
| Title of Grant/LOI: |  | | |
| CTEP IND Agent(s)/(supplied by NCI):**1** |  | | |
| CIP IND Imaging Agent(s)/Supplier |  | | |
| Non-NCI IND Agent(s)/Supplier |  | | |
| Commercial Agent(s)/Source: |  | | |
| Tumor Type:  *(Click within the [[ ]] and type ‘x’ to indicate the tumor type)* | [] Solid Tumor  [] Hematologic Malignancy (NOS)  [] Disease-Specific | | |
| Disease-Specific:**1**  *(Specify the Name and Code of the Study Disease)* | 1.  2.  3. | | |
| Performance Status: |  | | |
| Abnormal Organ Function Permitted? |  | | |
| Prior Therapy: | or attach grant application | | |
| Phase of Study: |  | | |
| Treatment Plan: | or attach grant application | | |
| Rationale/Hypothesis: | or attach grant application | | |
| Advanced Imaging Objectives | or attach grant application | | |
| Laboratory Correlates: | or attach grant application | | |
| Endpoints/Statistical Considerations: | or attach grant application | | |
| Estimated Monthly Accrual: |  | | |
| Proposed Sample Size: | Minimum: Maximum: | | |
| Earliest date the study can begin: |  | | |
| Grant organization: |  | | |
| Grant submission deadline: |  | | |
| Principal Investigator (PI) Name: |  | | |
| PI Signature: |  | Date: |  |
| PI Street Address: |  | | |
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|  | | |
| PI Phone: |  | | |
| PI Fax: |  | | |
| PI E-mail: |  | | |
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| Please submit Letter of Intent forms (LOIs) to the Protocol and Information Office (PIO) via e-mail at:  [**pio@ctep.nci.nih.gov**](mailto:loi@tech-res.com)**, Attention: LOI Coordinator**  Questions? Please call LOI Coordinator at (301) 496-1367. | | | |