GYNECOLOGIC CANCER INTERGROUP
An Organization of International Cooperative Groups for Clinical Trials in Gynecologic Cancers

GCIG Harmonization Committee SITE APPROVAL FORM

Participating Group: _____

Site Name: _____

Site City and Country: _____

Principal Investigator: _____

For the above named site:

1. Ethical and Regulatory approvals have been obtained to participate in the [STUDY NAME] trial.
2. Participating Group has ensured signature for Investigator agreement.
3. CVs have been collected for the Principal and Co-Investigators
4. The site selection checklist has been completed
5. Signature list and delegation of responsibilities log for all trial personnel, [including Pharmacy, Laboratory, Radiology, or other staff] has been signed by all Trial Personnel at the site.
6. Site training [slides, visit, virtual] log for all trial personnel, [including Pharmacy, Laboratory, Radiology, or other staff] has been signed by all Trial Personnel at the site
7. [if applicalble, Sample "study drug " labels have been reviewed by the Participating group]
8. Trial Personnel have been adequately informed about trial procedures, including those for Safety Reporting.

Date of Ethical Approval:	
Date of Regulatory Approval (where applicable):	
Date of Site Activation:	

Name of GCIG Representative: _____
(Print in capitals letters)

Role of GCIG Representative: _____
(Print in capitals letters)

Signature: _____ Date: _____

retain a copy for Trial Master file.

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