



v. October 2015

Submitted to Exec. BoD : Oct.2015

Approved: Nov. 10, 2015

GCIG MEMBERSHIP REVIEW

for full member groups; and, provisional member groups (≤ 2 years)

Member GROUP Name: _____

- 1) Has your Group accrued patients to GCIG Trials in the past 5 years?

- 2) Has your Group been listed as a Co-Author on a GCIG publication in the past 5 years? If "yes", please list.

- 3) How many patients have been enrolled in GCIG trials by your Group since your last review?

- 4) Has your Group paid annual GCIG dues?

- 5) Has your Group been in attendance at all GCIG meetings?

6) Has your Group been represented by at least one Harmonization representative at the Harmonization Committee meetings at GCIG meetings?

7) Do you confirm that your Group has complied with the Statutes and bylaws of GCIG?

8) Do all clinical sites within your Group comply with GCP in conduct of clinical trials?

Evidence: _____

9) Is the Group's indemnity insurance policy unchanged? (briefly describe)

10) Has there been an external audit of your Group within the past 5 years? Please provide copy of audit documentation.

11) Has there been any change to the Group's policy regarding **auditing** of its own sites since last GCIG membership review? If so, please provide copy or descriptor of SOP.

12) Has there been any change to the Group's policy regarding trial-specific **monitoring** of its own sites since last GCIG membership review? If so, please provide copy or descriptor of SOP.

13) If the Group participates in trials which include radiation therapy, are all sites continuing to be OSLD examined and certified regularly?

14) FURTHER COMMENTS:

GCIG GROUP: _____

Name of respondent (print): _____

Authorized Signature: _____

Date: _____

Please return to GCIG Operations Manager ops.gcig@gmail.com