



v. October 2015

Submitted to Exec. BoD : Oct.2015

Approved: Nov. 10, 2015

## **GCIG MEMBERSHIP REVIEW**

for full member groups; and, provisional member groups ( $\leq 2$  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.

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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.

\_\_\_\_\_

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

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14) FURTHER COMMENTS:

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GCIG GROUP: \_\_\_\_\_

Name of respondent (print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to GCIG Operations Manager [ops.gcig@gmail.com](mailto:ops.gcig@gmail.com)

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