



AMERICAN SOCIETY OF CLINICAL ONCOLOGY

The following information is required for consideration of your request. ASCO reserves the right to request additional information. Requests for additional information must be addressed promptly in order to ensure timely consideration. This form is required for all requests for [ASCO data](#), including QOPI®, abstracts, Oncology Practice Census, etc.

<b>ASCO Data and/or Research Services Requested</b>			
<input type="checkbox"/> Collaborate in research project (co-PI, consultant or subcontractor)		<input type="checkbox"/> Provide data or analytic services	
<b>Proposal Contact(s)</b>			
<i>Name, Title</i>	<i>Organization</i>	<i>Phone Number</i>	<i>Email</i>
<b>Internal/External ASCO Contact(s) (If applicable)</b>			
<i>Name</i>		<i>Organization</i>	<i>Email</i>
<b>Proposal Title</b>			
<b>Primary Project Objective(s) [Describe the state of the science, any relevant previous studies, and your justification for the analysis]. Please limit this to 450 words. Protocols or other details of proposals may be attached as supplemental information.)</b>			
<b>Secondary Project Objective(s) (if applicable)</b>			
<b>Primary Participating Organization</b>			
<b>Other Participating Organizations (if applicable)</b>			
<b>Type of Services or Data requested from ASCO including Data type or elements of interest. For projects requesting data, specify the primary and secondary endpoints and other key variables. Please also include the requested data format (.xcl, database, CLQ, etc):</b>			

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<b>Principal Investigator(s) (attach biosketch and other support templates provided)</b>			
<i>Name, Title</i>	<i>Organization</i>	<i>Email</i>	<i>ASCO Member: Y or N</i>
<b>Senior/Key Personnel (Name, Title, Organization)</b>			
<i>Name, Title</i>	<i>Organization</i>	<i>Email</i>	<i>ASCO Member: Y or N</i>
<b>Other Personnel (Name, Title, Organization)</b>			
<i>Name, Title</i>	<i>Organization</i>	<i>Email</i>	<i>ASCO Member: Y or N</i>
<b>Statistician who will oversee the analysis (if applicable)</b>			
<i>Name, Title</i>	<i>Organization</i>	<i>Email</i>	
<b>Analysis Plan (Attach protocol if applicable)</b>			
<b>IRB Status</b>			
<input type="checkbox"/> Exempt	<input type="checkbox"/> Submitted & Approved	<input type="checkbox"/> Under Review	<input type="checkbox"/> To be submitted

<b>ASCO charges a fee for services. The fee is dependent on ASCO's determination of level of effort to complete your request. Funding is not mandatory.</b>		
<b>Does your project have funding?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Funding Source (List organization information)</b>	<b>Funding Agency Contact</b>	<b>Contact phone/email</b>
<b>Is this project being proposed for part of a grant application?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Proposal Deadline (ASCO does not guarantee we can meet your deadline, but will attempt to respond in a timely manner)</b>		
<i>Time (EST)</i>		
<b>Program announcement (attach a copy)</b>		
<i>Title</i>	<i>Program Number (if applicable)</i>	<i>Link to web address of program announcement</i>
<b>Project Period</b>		
to		

I certify that information provided in this document is, to the best of my knowledge, true and correct.

\_\_\_\_\_  
Signature of Authorized Individual/Printed Name \_\_\_\_\_  
Date

**Please complete if you are requesting any QOPI® data elements**

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The following information is required for consideration of your request to use QOPI data. ASCO reserves the right to request additional information. Requests for additional information must be addressed promptly in order to ensure timely consideration.

<b>QOPI Data Use Request Type (please select one of the following)</b>	
<input type="checkbox"/> <b>Permission to use QOPI national aggregate scores in a publication</b>	
<b>Which QOPI Round(s) will you use?</b> (ex. Fall 2016, Spring 2017):	<b>Which QOPI measures will you use?</b> (ex. Core1 and Core2):
<input type="checkbox"/> <b>Permission to compare QOPI national aggregate scores to your practice's QOPI scores in a publication</b>	
<b>Which QOPI Round(s) will you use?</b> (ex. Fall 2016, Spring 2017):	<b>Which QOPI measures will you use?</b> (ex. Core1 and Core2):
<input type="checkbox"/> <b>Permission to use QOPI aggregate practice demographic data in a publication/research project</b>	
<b>Please list all requested data elements</b> (ex. The number of practices providing genetic counseling):	
<b>Other QOPI data usage</b> (please explain with as much detail as possible):	

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<b>Has this proposal been previously submitted to ASCO for evaluation?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of original submission: <i>Time (EST)</i>	
ASCO staff contacted	
<b>QOPI Practice ID (if applicable)</b>	
<b>If applicable, please provide names of journals/publications you plan to submit to:</b>	
<b>ASCO requests that you send a final copy of your publication prior to submission to ensure the QOPI data is represented accurately. Please confirm that you will provide a copy prior to submission:</b>	
<input type="checkbox"/> Yes (Send to qopi@asco.org)	<input type="checkbox"/> No

**Please complete for student/fellow requests data or services**

To be completed by the Mentor:

<b>Mentor Name and Credentials</b>	<b>Mentor Institution</b>	<b>ASCO Member? Y/N</b>
<b>Mentor Phone</b>	<b>Mentor Email</b>	
<b>Program for which student is involved</b>		

Please attach a letter of recommendation for the student and the project.

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