Program Approval Form for  
Regular Reporting and Data Transfer

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| --- | --- |
| EORTC Study Number |  |
| Program author’s name |  |
| Program file name and version number |  |
| Purpose | 🞏 Data transfer  🞏 Safety tables for medical review  🞏 Administrative report or newsletter  🞏 Other (specify)………………………………………. |

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| **Approval** | | |
| Date | Name of Study Statistician | Signature of Study Statistician |
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