STATISTICAL ANALYSIS PLAN

APPROVAL FORM

|  |  |  |  |
| --- | --- | --- | --- |
| EORTC Study Number |  | | |
| EORTC Protocol version and date |  | | |
| SAP version and date |  | | |
| Purpose of the SAP [select] | SAP for academic study, required for:   * Final Analysis Report * Interim Analysis report * Quality of Life Analysis * Translational Research Analysis * Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Core SAP for fully supported study, required for   * Final Analysis Report * Interim Analysis report * Quality of Life Analysis * Translational Research Analysis * Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   SAP for Research Project  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Name | Date | Signature |
| Study Statistician (author) |  |  |  |
| Clinical research physician (if applicable) |  |  |  |
| **Head (or Associate Head) of Statistical department** |  |  |  |