Statistical Analysis Report  
Approval form

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| EORTC Study Number |  |
| Type of report | Final Analysis Report  Interim Analysis Report (not for IDMC\*)  Translation Research Analysis Report  Quality of Life Analysis Report  Other report *(please specify below)*  Specify: …. |
| Report filename  Date  Version number |  |

\*: if for IDMC, please complete ST-004-AF-01 instead.

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|  | Name | Date of approval | Signature |
| Study Statistician (Author) |  |  |  |
| Study Clinical Research Physician |  |  |  |
| Head of Statistics Department  (or delegate) |  |  |  |