**Alliance A222004**

**A Randomized Phase III Trial of Olanzapine versus Megestrol Acetate for Cancer-Associated Anorexia**

**Site Activation Form**

Prior to enrolling patients to A222004, sites must order starter supplies of olanzapine for this study from RxCrossroads by McKesson Clinical Research Services. Because supplies of study drug are limited, site participation in this study will be restricted. In order to monitor olanzapine supplies for this study, the Alliance will approve each site’s application to participate in the trial when the following requirements are met:

[ ]  The site must have the ability to relabel the starter supply before dispensing it to patients, following the sample template provided in Section 10.0 of the protocol.

Due to the nature of the study, please state below any additional information on why your site should be selected for study participation. (like minority accrual, patient population, etc.)

Site staff should complete the information required on this form and submit it to the Alliance Pharmaceutical Affairs Manager at pharmaffairs@alliancenctn.org, along with a copy of the site’s pharmacy or physician license. Following approval by the Alliance, the signed form will be returned to the site. Site staff must then submit the signed document to the CTSU regulatory portal according to Section 4.2.2 of the protocol in order to begin patient enrollment.

**CTEP site code(s) and participating practices:**

**Lead institution CTEP site code and name**

|  |  |
| --- | --- |
| **CTEP Site Code**  | **Name of Lead Institution**  |
|  |  |

The lead institution that is ordering drug must identify below all of the affiliated sites at which patients will be enrolled along with their corresponding CTEP site codes.  **Add more rows to this table as needed.**

**Affiliated Site:**

|  |  |
| --- | --- |
| **CTEP Site Code**  | **Name of Individual Practice Participating in the Study**  |
|  |  |
|  |  |

**Lead institution shipping address: (must match with CTSU database)**

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**Pharmacist or designated contact (if different from Pharmacist) for drug supply (email address and phone number):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the Alliance:**

Date of confirmation of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(***to be signed only by Donna Vattanakul, Pharmaceutical Affairs Manager)***