



The Michigan Cancer Consortium strongly supports facilitation of patient participation in cancer clinical trials.

This cover sheet was created for use when prior authorization for participation in a cancer clinical trial is required by a health insurance carrier

## Cancer Clinical Trials Cover Sheet

### Member

Date: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Provider: \_\_\_\_\_ Facility: \_\_\_\_\_

Provider tax ID: \_\_\_\_\_ Facility tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Provider phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Facility phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis code(s): \_\_\_\_\_

Brief description of trial (may attach copy of trial protocol): \_\_\_\_\_

### Please provide the following information regarding the requested trial:

1. Member is eligible to participate in an approved clinical trial for treatment of **one** of the following:
  - Cancer
  - Other life-threatening disease/condition defined as: terminal illness, or a chronic, life-threatening, severely disabling disease that is causing serious clinical deterioration.
2. Therapeutic purpose for conducting the trial:  disease prevention  disease detection or diagnosis  disease treatment
3. Clinical trial is a  Phase I,  Phase II,  Phase III, or  Phase IV clinical trial
4. Trial meets *at least* one of the following requirements (A, B, C, or D):
  - A. Federally funded trials approved or funded by **one or more** of the following (check all that apply):
    - The National Institutes of Health
    - The Centers for Disease Control and Prevention
    - The Agency for Healthcare Research and Quality
    - The Center for Medicare and Medicaid Services
    - Cooperative group or center of any of the four entities listed above or the Department of Defense or the Department of Veterans Affairs
    - Qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center-support grants
    - The Department of Veterans Affairs; The Department of Defense; The Department of Energy when conditions described in the medical policy are met.
  - B. The study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration. **Include IND number here:** \_\_\_\_\_
  - C. The study or investigation is a drug trial that is exempt from having such an investigational new drug application. **Name of trial sponsor here:** \_\_\_\_\_
  - D. The study is a clinical evaluation of a legally marketed device with an Investigational Device Exemption (IDE) from the Food and Drug Administration. **IDE number:** \_\_\_\_\_
5. **ClinicalTrials.gov Identifier:** \_\_\_\_\_