**Non-Confidential Expression of Interest Form**

Please refer to the guidance notes\* for investigators before completing your form to provide the relevant details summarising your Expression of Interest (EOI). This information will be reviewed by the relevant network Alliance and the company of interest.

By sending this application you confirm sponsorship, centre lead support and CTU capacity and capability to open study within 12 months of the CRUK’s Clinical Research Committee (CRC).

|  |  |  |
| --- | --- | --- |
| **General Information** | | |
| **Date of EOI** |  | |
| **Type Of EOI** | Choose an item. | |
| **ECMC / Institution** |  | |
| **Collaborators** (Name & site) |  | |
| **Lead CTU** |  | |
| **Current proposal** | Choose an item. | |
| **Lead Proposer Name** |  | |
| **Role Title** |  | |
| **Email Address** |  | |
| **Telephone Number** |  | |
|  | | |
| **EOI Details** | | |
|  | **Drug A** | **Drug B** |
| **Drug Class and Name** |  |  |
| **Stage of development for proposed indication** | Choose an item. | Choose an item. |
| **Stage** | Choose an item. | Choose an item. |
| **Tumour Type (s)** |  | |
| **Additional information** |  | |
|  | | |
| **Scientific Rationale for Combination** | | |
| **Scientific rationale**  (Trial background & relevance) |  | |
| **Study design**   * Objectives & endpoints * For phase I components, please consider if a model based statistical approach is appropriate |  | |
| **Patient population include;**   * Prevalence * Screen failure rate * Drop-out rate * Patients recruited/mth * No. UK centres * Key assumptions |  | |
| **Translational work**   * Aims * Objectives |  | |

\* http://www.ecmcnetwork.org.uk/expressions-interest-template-and-guidance