

Date of Submission: MROQC Site:

Submitted by:

Contributing Authors: \*\*if you are not an MROQC Clinical Champion, you must include your site's Clinical Champion as a Contributing Author.

Data Requested: MROQC site (internal) Collaborative (more than 1 site)

Intent for Data Use (check all that apply):

- Internal Quality Improvement Presentation (Slides and/or Poster)
Abstract Manuscript
Citation Other:

Has this concept been presented to and approved by the appropriate MROQC Quality Improvement (QI)

Working Group? Yes No

QI Working Group: Breast Lung Bone Mets Prostate

Date Approved by QI Working Group:

Do you require statistical support?

Yes, MROQC Statistician required No, will use local institution statistical resource

Is there a submission deadline associated with this request? Yes No

If yes, please provide the date of submission deadline:

Where are you submitting to? (provide name of group, journal, etc):

Concept/Proposal Description:

For MROQC Executive Committee Use Only

Date of Review: Review Outcome: Approved Revisions Requested Disapproved

Date Submitter Notified of Outcome:

Notes: