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Initial Protocol Review

Please submit the following to: DROIPR@urmc.rochester.edu

- This form
- The Protocol
- Radiation Specific Manuals
- Study Specific Forms to be submitted by DRO personnel

Date of Submission:

Department:

Protocol Title

Protocol Version Date	
Study Type:	
Investigator Initiated	Other
Cooperative Group	Pharmaceutical Sponsor
Protocol Treatment will be g	iven at the following Radiation Treatment Facilities
SMHHighland	_ Parkridge Sands Pluta
Contact Information	
Local Investigator:	
Study Coordinator:	
Other Personnel:	