

Interim Chemotherapy Protocol Form

GENERAL INFORMATION

This form is used for the streamlined approval process for chemotherapy protocols to provide a pathway for prompt patients' access to new protocols that are in development at eviQ.

The following conditions must apply for this process to be used:

- The applicant should provide evidence that the protocol is under development by eviQ.
- All fields on the form must be completed.
- The completed form must be submitted to the [SA Health Cancer Drug Committee](#) for tabling at the next scheduled committee meeting.
- The protocol sponsor is responsible for ensuring that SA Formulary applications/funding approval applications are submitted to the relevant committees/groups.
- If endorsed, the interim protocol will be allocated a review date of 6 months after the approval. If the eviQ protocol is not published before this time, the SA Health Cancer Drug Committee will review the protocol and may request the protocol sponsor to submit a full cancer chemotherapy protocol application.
- The protocol sponsor accepts that the interim protocol will be replaced by the eviQ protocol as soon as it is published.

APPLICATION

Protocol Name:			
Indication(s):			
Treatment Schedule:			
Drug	Dose	Route	Day
Cycle length/frequency:		Number of cycles:	
Proposed Cancer Chemotherapy Risk Rating: Low Medium High (Circle as applicable)			

Please provide at least one reference in support of this application:

Protocol Sponsor:
Hospital/LHN/Tumour stream:
Signature_____ Date:_____