**SRC Low Accrual Monitoring Form**

**Instructions for Completing the SRC Low Accrual Monitoring Form:** To ensure the efficiency and robustness of our clinical trials portfolio, the SRC monitors studies for patient accrual. If your study has accrued **no patients within six months of opening** or has accrued **<30% at annual continuing review**, please complete this form to identify and address any barriers to accrual.

Section 1: Study Information

1. **IRB#:** Enter the Institutional Review Board (IRB) number assigned to your study.
2. **Study Title:** Provide the full title of your study.
3. **PI:** Enter the name of the Principal Investigator (PI) overseeing the study.

Section 2: Reporting Dates

1. **Date of report:** Enter the date you are completing this report.
2. **Date of study opening to accrual:** Provide the date when the study was opened for patient accrual.
3. **Accrual to date:** Indicate the total number of patients accrued to date.

Section 3: Reasons for Low Accrual

Please select the reason(s) for the current low accrual from the options below:

**Accrual held by sponsor:** Check this box if accrual was paused by the sponsor due to protocol revisions or other administrative changes.

**Overestimation of referral population:** Check this box if the initial referral population was overestimated.

**Higher than anticipated screen failures:** Check this box if there were more screen failures than expected due to unanticipated issues (e.g., molecular markers affecting eligibility).

**Concurrent trials:** Check this box if other trials opened concurrently and accrued subjects ahead of your study.

**New FDA-approved therapies:** Check this box if newly FDA-approved indications for other Standard of Care therapies reduced accrual.

**Standard of Care drug shortages:** Check this box if there were shortages of Standard of Care drugs which impacted study accrual.

**Other:** Check this box if none of the above reasons apply and provide a detailed explanation in the text box provided.

Section 4: Low Accrual Action Plan

1. **Plans for Addressing Low Accrual -**
2. **Revised accrual goals:** If accrual goals are being revised, check "Yes" and submit a Request for Change form. If not, check "No." **Yes**  **No** 

Section 5: Additional Information

* **Additional information:** Use the text box to provide any additional information you would like to present to the SRC regarding accrual for this study.

Section 6: Signatures

1. **PI Signature:** The Principal Investigator must sign the form.
2. **Signature Date:** Enter the date the form is signed.

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**Signature of Principal Investigator** **Date**