|  |  |  |
| --- | --- | --- |
|  |  | Study Title and Status |
|  | 1. Short Title
 | Please insert your trial’s short title according to the protocol. |
|  | 1. Brief Title
 | Please insert a brief and plain title for your trial. |
|  | 1. Scientific Title\*
 | Please insert the full scientific title of your trial. |
|  | 1. Recruitment Status\*
 |  |
|  |  | Responsible Person/Center |
|  | 1. Trialgroup\*
 |  |
|  | other | Please add additional study groups. |
|  | 1. Coordinating Investigator\*
 | Name (Degree, first name, surname) of public contact |
|  | Institute | Institute |
|  | Department | Department |
|  | Address | Address |
|  | Phone | Phone |
|  | FAX | FAX |
|  | Email | Email address |
|  | other | Additions |
|  |  | Disease |
|  | 1. Disease and Subform\*
 | Please select the type of leukemia and subform. |
|  | ALL | Y/N | All subtypes | Y/N | B-Precursor ALL |
|  | Y/N | T-ALL/T-LBL | Y/N | Mature B-ALL/NHL |
|  | Y/N | BCR-ABL+ |  |  |
|  | Y/N | other |
|  | AML | Y/N | All subtypes | Y/N | All subtypes accept APL |
|  | Y/N | APL |  |  |
|  | Y/N | other |
|  | CLL | Y/N | All stages | Y/N | Stage 0 |
|  | Y/N | Stage I | Y/N | Stage II |
|  | Y/N | Stage III | Y/N | Stage IV |
|  | Y/N | other |
|  | CML | Y/N | All subtypes | Y/N | Chronic phase |
|  | Y/N | Blast crisis | Y/N | Accelerated phase |
|  | Y/N | Intolerant/resistant to one TKI |
|  | Y/N | other |
|  | MDS | Y/N | All subforms | Y/N | RCUD (RA/RN/RT) |
|  | Y/N | RARS | Y/N | RCMD |
|  | Y/N | MDS-U | Y/N | MDS with del5q |
|  | Y/N | RAEB I | Y/N | RAEB II |
|  | Y/N | CMML I | Y/N | CMML II |
|  |  | Y/N | RARS-T |  |  |
|  |  | Y/N | other |
|  | MPD | Y/N | All subforms | Y/N | ET |
|  | Y/N | PMF | Y/N | PV |
|  | Y/N | other |
|  | 1. Stage of Disease\*
 | Y/N | de novo  | Y/N | relapsed/refractory |
|  |  | Y/N | MRD positive |  |  |
|  | other | Please insert additional stages. |
|  |  | Study Design |
|  | 1. Design\*
 | Y/N | open | Y/N | doubleblind |
|  | Y/N | single-group | Y/N | double-group |
|  | Y/N | randomised | Y/N | prospektive |
|  | Y/N | monocentric | Y/N | multicentric |
|  | other | Type design additions |
|  | 1. Phase\*
 |  |
|  | other | Please insert an additional study phase if needed. |
|  | 1. Type of Therapy/Trial\*
 | Y/N | Treatment study | Y/N | Supportive care |
|  | Y/N | Stem cell transplantation | Y/N | Registry/observational study |
|  | Y/N | Diagnostics/biomarker study | Y/N | Project |
|  | Y/N | Trial for patients unfit for an intensive therapy |
|  | other | Please insert additional types of therapy. |
|  |  | Study Details |  |  |
|  | 1. Recruiting Coutries
 | Please name countries from which participants will be, are planned to be, or have been recruited. |
|  | 1. Estimated Enrollment
 | Please name the estimated enrollment. |
|  | 1. Age\*
 |  |
|  | other | others, additions |
|  | 1. Start of Recruitment\*
 | Please enter the date (dd.mm.yyyy). |
|  | 1. Study Registries and Numbers
 | clinicaltrials.gov | NCTNumber |
|  | EudraCT | Number |
|  |  | other registry | Number |
|  | 1. Intervention overview
 | Please provide an overview on the intervention. This field is optional! Do not enter precise dosage specifications. |
|  | 1. Remark
 | Here you may include any remarks. |
|  | 1. Aims
 | Please provide details on the aims of your study. |
|  | 1. Primary and Secondary Outcome Measures
 | Please name the primary and secondary outcome measures (optional). |
|  | 1. Inclusion Criteria\*
 | Please provide details on the inclusion criteria. |
|  | 1. Exclusion Criteria\*
 | Please provide details on the exclusion criteria. |
|  |  | Contact |  |
|  | 1. Scientific Contact
 | Name (Degree, first name, surname) of scientific contact |
|  | Institut | Institute |
|  | Department | Department |
|  | Address | Address |
|  | Phone | Phone |
|  | FAX | FAX |
|  | Email | Email address |
|  | other | Additions |
|  | 1. Contact for administrative issues
 | Name (Degree, first name, surname) of public contact |
|  | Institut | Institute |
|  | Department | Department |
|  | Address | Address |
|  | Phone | Phone |
|  | FAX | FAX |
|  | Email | Email address |
|  | other | Additions |
|  | 1. Other Contact
 | e.g. study nurses |
|  | Name | Name (Degree, first name, surname) of contact |
|  | Institut | Institute |
|  | Department | Department |
|  | Address | Address |
|  | Phone | Phone |
|  | FAX | FAX |
|  | Email | Email address |
|  | other | Additions |
|  | 1. Additional Contact
 | Please fill in additional contacts (Name, Institute, Department, contact data). |
|  | 1. Contact Labs/Diagnostics
 | Contact for lab/diagnostics (Name, Institute, Department, contact data) |
|  |  | Funding |  |
|  | 1. Source of monetary Support
 | Major source(s) of monetary or material support for the trial (e.g., funding agency, foundation, company). |
|  | 1. Sponsors
 | Primary sponsor: Individual, organisation, group or other legal person taking on responsibility for securing the arrangements to initiate and/or manage this study |
|  | Secondary sponsor: Additional individuals, organisations or other legal persons, if any, that have agreed with the primary sponsor to take on responsibilities of sponsorship. |
|  | 1. Seal of Approval
 | Seal of approval |

Please send the fully completed form to the European Leukemia Information Center ELIC@em.uni-frankfurt.de.