



Applying Center: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail (Primary Contact): \_\_\_\_\_

**Personnel (Names & Degrees):**

Neurosurgery

Radiation Oncology

Medical Physics

_____	_____	_____
_____	_____	_____
_____	_____	_____

*\* Primary Contacts*

Clinical or Research Coordinator: \_\_\_\_\_ (E-mail): \_\_\_\_\_

Radiosurgery Technology (*Check all that apply*):  Gamma Knife  CyberKnife  Linac  Proton

Do you have a current IRB protocol for radiosurgical outcome studies?  Yes  No

If **yes**, please cite IRB number: \_\_\_\_\_

If **no**, do you plan to submit?  Yes  No

Estimated annual volume of stereotactic radiosurgery at your center (*in cases*): \_\_\_\_\_

Do you participate in other multi-institutional study groups?  Yes  No

If **yes**, please indicate, (e.g. RTOG, CCSG, etc):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Do you have funded radiosurgical research?  Yes  No

If **yes**, please indicate source and total:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please cite up to five most recent stereotactic radiosurgery publications from your center:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_