

International Cancer Expert Corps

1608 Rhode Island Avenue, NW, Suite 243, Washington, DC 20036
70 East 96th Street, Suite 11A New York, NY 10128


REQUEST FOR EXPERT CONSULTATION (MENTORING) FOR AN ICEC ASSOCIATE OR CENTER

To: ICEC HUB

Administrative Contact

Phone		Fax		E-Mail	
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From: Name (Associate and /or Center):

Position (check one)	Senior Associate	Junior Associate	Associate –In Training	Resident/Graduate Student
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Indicate your specialty as below:

Medical Specialty	Non-Medical Specialty	Non-Science Professional
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Street Address		Suite /Unit #	
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City		State/Province		Postal/Zip Code		Country	
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Phone		Fax		E-Mail	
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NATURE OF REQUEST FOR EXPERT CONSULTATION (CHECK ALL THAT APPLY)

Medical	Science, Non- MD	Non-Science Professional
Combined Modality Problem	Basic and Translational Science	Communications
Imaging Question	Data Management (IT)	Educational Tools
Medical Oncology	Epidemiology	Finance
Nursing	Medical Physics	International Policy
Pathology	Prevention and Screening	Legal
Pediatric Oncology	Statistics	Local Health Issues
Public Health	Technologists	Regulatory Affairs
Radiation Oncology	Treatment Guidelines	Social Service
Surgical Oncology	Other	Other
Surgery		
Other		

LEVEL OF IMPORTANCE FOR EXPERT CONSULTATION BY HUB

Patient Care (Question regarding protocol or treatment guidelines, etc.):

Technical:

Administrative:

Review of Request for Expert Consultation by Hub	
Review at Hub Level	
Triage officer to review request for assistance (**See guidance below):	
1. Determine type of mentoring needed	
Medical – specialty, disease site	
Non-Medical- IT, IM, radiation physics	
Non – science professional	
2. Assign to Expert	[Based upon type of mentoring needed (Use list on first page of this request) ICEC Central will maintain rosters of experts and Expert panels]
3. Expert assigned (name, location):	
Date contacted:	
What did Expert do and how was issue addressed?	
4. Expert assigned (name, location):	
Date contacted:	
What did Expert do and how was issue addressed?	

**With expectation of contact with requesting Center and/or Associate within 48 hours in accordance with policy under development for providing 24-48 hour connectivity of Hubs with Centers and Associates.
Use ICEC wide list of Experts and Expert Panels and with consideration of worldwide time zones.

REVIEW BY HUB COMMITTEE:	
REQUEST REVIEWED BY (NAME):	
SIGNATURE:	
DATE:	
LEVEL OF EXPERT ASSIGNED:	
SENIOR EXPERT:	
JUNIOR EXPERT:	
EXPERT-IN-TRAINING:	
APPROVAL BY OTHER ICEC COMMITTEES:	
EXPERT COMMITTEE: NAME:	DATE:
ICEC CENTRAL: NAME:	DATE: