

Please complete, print and submit to the Office of the Vice President of Cancer Care.

Name of requestor		Position	Division
Phone	Email		Date (yyyy-Mon-dd)
Name of proposed site		Request previously submitted <input type="checkbox"/> No <input type="checkbox"/> Yes, specify approximate date (yyyy-Mon-dd) _____	
<b>Rationale for the proposed site relative to established Cancer Centres</b> (if extra space is needed, attach additional sheets to this request)			

Approval of Site Operational VP (print name)	Signature	Date (yyyy-Mon-dd)
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