

Please provide contact information for personnel who will be involved with research budgets, subcontracts or other administrative duties at your site. Note that each member of your study team must complete the CPN Roster Form, CPN Affirmation of Integrity Form, CPN Conflict of Interest Form, and Human Subjects Research/GCP Training.

Research Budget Contact Person

Name

Mailing Address

City and State/Province Zip/Postal Code

Country Email

Phone Fax

Subcontract/Contract Person:

Name

Mailing Address

City and State/Province Zip/Postal Code

Country Email

Phone Fax

In the field below, please add any additional study personnel along with their roles on CPN studies:

Please complete, print, and submit this form to:

**CPN Operations Office, Attn: Karrie Fursa
200 First Street Southwest
Rochester, MN 55905
Phone (507) 266-2281
Fax (507) 266-4371**