

Member/Treating Site Application

Treating Site Information

Treating Site Name:

Treating Site Mailing Address:

Type of Facility: Cancer Center Group Practice Hospital Other

CTEP Institution Code:

Federal Wide Assurance Number: Expiration:

IRB Information

IRB Registration Code: Expiration:

Name of IRB Holder:

Address:

Personnel: Please list all personnel to be added to the CPN roster for this Participating Organization. Additional personnel can be added on the second page of this form if necessary.

Name

1.

2.

3.

4.

5.

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11.

Role on CPN Studies (Investigator, Study Coordinator, Pathologist, Research Assistant, Pharmacy, etc)

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, Affirmation of Integrity Form, 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 and email this form to: cancerpreventionnetwork@mayo.edu