

Receipt of Study Agents Form

Contact Information: Please provide the requested information for the person who will receive, monitor, and take responsibility for study agent for all CPN-coordinated trials at your site.

Last Name First Name Title/Degree

Mailing Address

City/State Zip/Postal Code

Country Email

Phone Fax

Note: Must submit CPN Roster Form, CPN Affirmation of Integrity Form, CPN Conflict of Interest Form, and documentation of Human Subjects Research Training.

Please complete and submit this form to the CPN Operations Office, 200 First Street Southwest, Rochester, MN 55905
Fax: (507) 284-5280

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