

# 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: Please also submit CPN Roster Form, Affirmation of Integrity Form, and Conflict of Interest Form for this individual.

Please complete and email this form to: [cancerpreventionnetwork@mayo.edu](mailto:cancerpreventionnetwork@mayo.edu)

**January 2018**