

# Roster Personnel Form

## Enrolling New Personnel:

1. Submit this form along with the other requested forms in the information packet. Applications with missing data will be held until all requested information has been received.
2. When complete, sign where applicable, scan and email the information packet to: cancerpreventionnetwork@mayo.edu **AND** cancerroster@mayo.edu

## Making Changes For Existing Personnel:

1. To modify personnel, please complete this form with the new information.
2. To remove personnel, please complete this form and provide an end date:
3. Please complete, scan, and email this form to the CPN Operations Office  
Email: cancerpreventionnetwork@mayo.edu **AND** cancerroster@mayo.edu

## Personnel Information for the CPN Roster/Database:

Last Name  First Name, MI  Medical Degree

Phone:  Fax:  Email:

NCI Investigator # (required for physicians):  *Note: CPN Operations Office personnel can provide instructions for obtaining this number.*

CTEP Registration # (if known):

Mailing Address

City:  State/Province:  Zip/Postal code:

Country:

## Physician Role/Specialty:

Medical Oncology     Hematology     Pathology     Internal Medicine     Other (specify):

Radiation Oncology     Surgery     GI     Lung/Lung Health

## Non-Physician Role:

Study Coordinator/Clinical Research Associate/Research Coordinator     Pharmacist     Other (specify):

Oncology Nurse     Regulatory/Administration

## MediData RAVE Remote Data Entry Role:

Study Coordinator - Data entry     Site Investigator - Data entry, confirmation of eligibility

Study Coordinator - Read Only access to participant data     Study Chair - Data entry, confirmation of eligibility, case evaluations

**Name of CPN Member Organization:**

Treating Location(s): Identify all treating locations(s) where the applicant will actively participate in CPN clinical trials.

Institution Name:  Institution's NCI code number:

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Please complete, sign, scan, and email all three forms to: cancerpreventionnetwork@mayo.edu **AND** cancerroster@mayo.edu

# Affirmation of Integrity in the Submission of Clinical Research Data

It is the explicit policy of the Cancer Prevention Network (CPN) that honest and accurate submission and reporting of research data is required. Deliberate falsification of research data, or knowingly submitting and reporting fraudulent data, is unacceptable.

Any investigator or study team member who has a suspicion of scientific misconduct should report this knowledge in confidence to the CPN Operations Office: [cancerpreventionnetwork@mayo.edu](mailto:cancerpreventionnetwork@mayo.edu)

Any allegation of scientific misconduct will be reviewed by the CPN Lead Investigator. If it is determined that deliberate falsification of research data or knowing submission or reporting of fraudulent data may have occurred, a committee will be convened to perform an on-site investigation. NCI will be notified immediately.

By signing this documents, I affirm my awareness of and compliance with the scientific misconduct policy of CPN.

1. I recognize that the clinical research of the Cancer Prevention Network (CPN) is a publicly supported endeavor that is critically dependent on the trust of the people it serves. Submission of falsified data is a disservice to the public and cannot be tolerated. It may destroy the public trust that is necessary for successful clinical research, and it may violate Federal law.
2. I recognize the penalty for submission of falsified data by myself or by others from my institution may include, but is not limited to, inability of myself or the institution to participate in CPN activities and repayment by my institution of National Cancer Institute funds that have been used in collecting and submitting the falsified data.
3. If I suspect falsified data submission from my institution, I understand that CPN policies required that I report this knowledge in confidence to the CPN Operations Office: [cancerpreventionnetwork@mayo.edu](mailto:cancerpreventionnetwork@mayo.edu). The CPN Lead Investigator will review the circumstances and further action may be taken, including notification of the appropriate Federal agencies.

Name

Institution

Signature \_\_\_\_\_

Date

Please complete, sign, scan, and email all three forms to: [cancerpreventionnetwork@mayo.edu](mailto:cancerpreventionnetwork@mayo.edu) **AND** [cancerroster@mayo.edu](mailto:cancerroster@mayo.edu)

# Conflict of Interest Disclosure Form

I have reviewed and understand the Conflict of Interest Policy for the Cancer Prevention Network (CPN):

<http://cancerpreventionnetwork.org/about.shtml>

- I have no conflict of interest to disclose.  
 I have a possible conflict of interest to disclose as follows:

*Describe proprietary or financial interests in question. Include claims under patent or other intellectual property rights, rights to royalties or other compensation due upon sale, equity interest in an organization with rights to the research product (s), consulting fees, and/or other compensation for services rendered with respect to research product(s). Use a separate sheet if paper, if necessary.*

**If a possible conflict of interest is indicated above, please reply to the following:**

**1. Have you received honoraria in excess of \$5000 from any individual pharmaceutical company in the preceding year?**

- No  
 Yes      Please list the company or companies:

**2. Do you or does any immediate family member (spouses or dependent children) own equity interest in excess of \$10,000 in any single pharmaceutical company?**

- No  
 Yes      Please list the company or companies:

Date

Signature \_\_\_\_\_

*Office Use Only:*

The Cancer Prevention Network (CPN) has determined that a conflict of interest  does exist       does not exist

Cancer Prevention Network Lead Investigator \_\_\_\_\_ Date