

# Hollings Cancer Center Clinical Trials Network Member Update Form

Version 2009.02.05

Please select the action associated with this application:

ADD       DELETE

PRINT Full Name (First, Middle Initial, Last): \_\_\_\_\_

Degree: \_\_\_\_\_ Discipline: \_\_\_\_\_

Institution: \_\_\_\_\_

If your primary affiliation is with an organization different than the institution listed above, please list this institution below. (e.g. if you are participating in the CTN program or the multicenter study via the institution above, but you are an employee of a separate but affiliated private physicians practice, please enter your that practice name below)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check your role(s) below. Check all that apply.

- Institutional Investigator
- Investigator
- Study Coordinator
- Data Manager
- Regulatory Specialist

- Contracts and Finance
- Pharmacist

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Signature: \_\_\_\_\_

Initials (please sign your initials here): \_\_\_\_\_

*Internal Use ONLY*

Type of Institution: \_\_ CTN member \_\_ MC site

Date Received:

Date CTN Database Updated:

-Update the general CTN/MC Lyris Rosters

-Please save scanned copy in personnel file on N drive