



SunCoast CCOP Research Base Intent to Participate

What study are you interested in participating in (please provided the #)? _____

Participation in this study is provided through:

SunCoast Member

CCOP/MBCCOP

Direct Affiliate

Intergroup

COG Member

CTSU Member

Site Name: _____

CTEP Site Code: _____

Is your site a member of a CCOP? Yes No

IRB Information:

FWA#: _____

FWA Expiration Date: _____

IRB Status Date: ____ / ____ / ____ (check one box below)

Projected

Reviewed

Approved

Contact information:

The contacts listed below will be provided with a Username and Password allowing online management of site specific membership information and access for data entry.

Principal Investigator: _____

Investigator responsible for study (if different): _____

Phone #: _____ Fax #: _____

Email: _____

Address: _____

Primary Contact for this study: _____

Phone #: _____ Fax #: _____

Email: _____

Address: _____

Contacts Continued...

IRB/Regulatory Contact: _____

Phone #: _____ Fax #: _____

Email: _____

Address: _____

Pharmacy Contact: _____

Phone #: _____ Fax #: _____

Email: _____

Address: _____

If needed please provided any additional contacts below

Additional Contact to access the Website: _____

Phone #: _____ Fax #: _____

Email: _____

Address: _____

Will this contact receive confirmation of registrations/randomization? Yes No

Protocol Role: Secondary Contact Data Entry Register Patient on Study

Other: _____

Additional Contact to access the Website: _____

Phone #: _____ Fax #: _____

Email: _____

Address: _____

Will this contact receive confirmation of registrations/randomization? Yes No

Protocol Role: Secondary Contact Data Entry Register Patient on Study

Other: _____

Please save form and submit via email to ccop@epi.usf.edu or by fax to (813) 910-5998.

Thank you for your time and assistance!