

Primary Role Change Form



- This form is to be used to update the Primary Roles assigned to individuals on the NSABP Foundation Roster.
- Definitions are located at <http://www.nsabp.org/>.
- The completed form is to be submitted to collaborator@nsabp.org.
- If you require assistance, please contact 412-339-5294.

Research Collaborator (RC) Name		RC ID #	
Please Provide Person Information Obtaining a Primary Role			
Last Name		First Name	
Email		Phone	
Is this person a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical/Professional Specialty			
Degree			
Please select all applicable roles for the person indicated above.			
<input type="checkbox"/> Collaborating Scientific Investigator (CSI) <input type="checkbox"/> Contract Contact (CC) <input type="checkbox"/> Fiscal Contact (FC) <input type="checkbox"/> Program Coordinator (PC) <input type="checkbox"/> Check Addressee (CA) NOTE: If this box is checked, please select one of the options below.			
Please select the method your institution would like to receive payments.			
<input type="radio"/> Please mail checks to the address below.			
Office Name			
Office Mailing Address			
Office Mailing Address			
City			
State	Zip	Country	
<input type="radio"/> Please send electronic payments (ACH Payments).			
Name of Banking Institution			
Bank Account Type			
Bank Account Number			
Bank Routing Number			
Should the person that is being replaced remain on the institution roster? <input type="checkbox"/> Yes <input type="checkbox"/> No			
All changes require the signature of the Program Coordinator (PC) except Check Addressee and PC.			
Print Name of Program Coordinator (PC)		Signature Date	
Signature of PC			
Signature of the Collaborating Scientific Investigator (CSI) is required for a change to the Program Coordinator (PC) and Check Addressee (CA).			
Print Name of CSI		Signature Date	
Signature of CSI			
For NSABP Use Only			
Processed by	QCd by	Date Sent to Accounting	Date sent to DSSM