

Research Collaborator Application



General Instructions

- Submit completed application to collaborator@nsabp.org. Definitions for the Research Collaborator Structure can be located at <http://www.nsabp.org>
- The Program Coordinator listed on this form will be contacted to review and clarify
- NSABP's Research Collaborator Review Committee ("RCRC") will review the application and qualification information.
- The Collaborating Scientific Investigator (CSI) and Program Coordinator listed on the application will receive notification of the RCRC's decision, which will include information regarding next steps.

Research Collaborator Details

Section 1. Complete the Legal Name and address of the Institution. Legal Entity that is authorized to enter into contract on behalf of the Research Collaborator.

Legal Name of Institution			
Address (Line 1)			
Address (Line 2)			
City		State/Province	
Zip/Postal Code		Country	
Tax Identification Number (US Institution's only)			

Section 2. Payee Name – the name of the *Institution* that checks are made payable to. This will default to the Legal Name if another name is not provided.

Payee Name	
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Section 3. Research/Treating Sites. Location(s) where a study subject may be seen, consented, treated, and/or data collected and completed for industry funded research.

Section 3A. Please advise the number of locations you have in your network.

******Please complete a Site Update-Qualification Form for each location.**

Section 3B. Please provide the Research Collaborator (RC) information. The RC is the lead office of a network of research sites.

Name of Office			
Address (Line 1)			
Address (Line 2)			
City		State/Province	
Zip/Postal Code		Country	

Research Collaborator Application



Section 4. Personnel.

Collaborating Scientific Investigator, CSI – the person designated by the institution to be the primary scientific contact related to the Research Collaborator's relationship with NSABP.

First Name		MI		Last Name	
Degree			Medical Specialty		
Phone Number			Email Address		

Program Coordinator, PC – a staff member selected by the institution to be the primary contact for administration of NSABP programs.

First Name		MI		Last Name	
Phone Number			Email Address		

Contract Contact, CC – a person designated by the institution who is authorized to interact with NSABP regarding contracts.

First Name		MI		Last Name	
Phone Number			Email Address		

Fiscal Contact, FC – a person designated by the institution as the primary point of contact for payment related communications.

First Name		MI		Last Name	
Phone Number			Email Address		

Check Addressee, CA – a person designated by the institution to receive checks/payments. If no information is provided will default to the CSI.

First Name		MI		Last Name	
Phone Number			Email Address		

Check/Payment Address to Send Payments. Provide the address where payments should be mailed.

Address (Line 1)			
Address (Line 2)			
City		State/Province	
Zip/Postal Code		Country	

Research Collaborator Application



Identify physicians within your network that are knowledgeable in the medical specialties below.

If the CSI is a physician that has one of these medical specialties, insert "Same as CSI" in the name field.

Please provide a copy of a signed and dated Curriculum Vitae (CV) within the last 2 years for each physician.

Medical Oncologist

First Name		MI		Last Name	
Degree			Medical Specialty		
Phone Number			Email Address		

Surgical Oncologist

First Name		MI		Last Name	
Degree			Medical Specialty		
Phone Number			Email Address		

Pathologist

First Name		MI		Last Name	
Degree			Medical Specialty		
Phone Number			Email Address		

Section 5. Performance Indicators. Please complete the information below.

Number of Patients

What is the average number of **New Breast and Colorectal** patients seen in your network per year?

Breast	
Colorectal	

Accrual Information

Please advise what your network accrued to studies over the past 12 months.

	Industry	Federal	Total
Breast			
Colorectal			
Total			

Audits

Have any of your sites/institutions in the past 2 calendar years resulted in the identification of critical findings?

- No
- Yes. If yes, please attach a copy of the applicable CAPA.

Section 6. Signature of the Collaborator Scientific Investigator.

CSI Signature	
Date (MM/DD/YYYY)	