



Role and Payment Information Form

- Use this form to update the Primary Roles assigned to site staff for NSABP Foundation Membership.

Step 1. Complete the Research Collaborator Network Details below.			
Research Collaborator/Site (RC) Name			
Research Collaborator/Site ID #			
Step 2. Complete the Person Information being assigned a Primary/Network Role(s).			
First Name		Last Name	
Phone		Email	
Job Title/Credentials/Medical Specialty			
Step 3. Select all applicable roles that should be assigned to the person above. Place a check next to all that apply			
	Role	Acronym	Definition
	Collaborating Scientific Investigator	CSI	Primary Scientific contact assigned by the institution related to NSABP relationship.
	Program Coordinator	PC	Primary contact for administration of NSABP programs
	Co-Program Coordinator	Co-PC	Primary contact for administration of NSABP Programs. Has same responsibility as PC.
	Contract Contact	CC	Person designated by the Research Collaborator who is authorized to interact with NSABP regarding contracts
	Fiscal Contact	FC	Person designated by the Research Collaborator who is primary contact for payment related communications
	Check Addressee	CA	The person assigned to receive checks/payments issued by NSABP. The CSI will be assigned if no one is provided.
Step 4. Should the person being replaced be removed from the institution roster?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Step 5. Only complete this section if you are making a change to the address to send payments and/or method payments.			
Complete this section for electronic payments.			
Name of Banking Institution			
Bank Account Type	Bank Routing Number	Bank Account Number	
Complete this section for paper checks.			
Office Name	Street Address	Internal Office/Suite	
City	State	Zip Code	Country
Step 6. PC or Co-PC signature is required for all changes. If Step 5, change to payment details, please provide a W-9 Form and/or the information on institution letter head in lieu of completing this form.			
Print name of PC or Co-PC signing this form.			
Signature of PC or Co-PC		Signature Date	
Step 6. Send Completed form to collaborator@nsabp.org			

For NSABP Use Only:

Initials/Date of Person Processing	
Date sent to Accounting	Date sent to DSSM

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