



# NSABP Foundation Roster and Website Access Request Form for Multiple Users

Site personnel requesting to be added to the NSABP Foundation Roster and/or requiring access to the NSABP Foundation website **must** go through the NSABP Foundation Program Coordinator (PC) for their network. Access will not be granted if the request is sent without the PC signature. If personnel are to have a Primary Role at their site, a 'Personnel Primary Role Change Form' must be submitted to the Collaborator Network Services (CNS) - [collaborator@nsabp.org](mailto:collaborator@nsabp.org).

- When completing the RC ID # please use your NSABP RC (site) number and **not** your CTEP site numbers. Contact NSABP Collaborator Network Services to obtain your number.
- Email all requests to: [industry.trials@nsabp.org](mailto:industry.trials@nsabp.org)
- **Access to Site Zone Portal is only needed for persons responsible for submitting site documents to NSABP with the exception of patient/subject documents.**

Protocol:

NSABP Research Collaborator (RC) Number & Site Name:

**NSABP Use ONLY**

Last Name	First Name	Personnel Type	Email Address	Phone	Medical Specialty	Access to Site Zone Portal?	Type of Acct (New/Existing)	Roster Confirmed
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		
		Investigator <input type="checkbox"/> Staff <input type="checkbox"/>				<input type="checkbox"/>		

<b>Printed Name of NSABP Program Coordinator:</b>			
<b>Signature of NSABP Program Coordinator:</b>		<b>Date of Request:</b>	

**NSABP Use Only:**

NSABP Signature:	Date
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