



# NSABP Foundation Roster and Website Access Request Form

Site personnel requesting to be added to the NSABP Foundation Roster and/or requiring access to the NSABP Foundation website and eTMF Site Zone 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 CNS to obtain your number.
- Email all requests to:[industry.trials@nsabp.org](mailto:industry.trials@nsabp.org)

**\*\*\*PLEASE NOTE: Completing this form to be added to the roster and/or obtain website access does NOT provide access to the MARVIN EDC System. Protocol specific EDC training and a separate form signed by the person after training is complete must be submitted for access to MARVIN.\*\*\***

**Select all that apply.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Add to Network Roster        | <input type="checkbox"/> Update Roster Information | <input type="checkbox"/> Remove from Network Roster   |
| <input type="checkbox"/> New Website Access Request   | <input type="checkbox"/> Update Website Access     | <input type="checkbox"/> Discontinue Website Access   |
| <input type="checkbox"/> New Site Zone Access Request | <input type="checkbox"/> Update Site Zone Access   | <input type="checkbox"/> Discontinue Site Zone Access |

Research Collaborator (RC) Name (Site Name):						
NSABP Research Collaborator Number (Site Number):						
Personnel Type: <input type="checkbox"/> Investigator <input type="checkbox"/> Staff		Medical Specialty:				
Last Name:		First Name:	Middle Initial:			
Email Address:			Phone Number:			
<b>Protocol-Specific Website Access</b> (access protocol documents and correspondence)						
<i>B-50 (Katherine)</i> <input type="checkbox"/>	<i>B-54 (Penelope)</i> <input type="checkbox"/>	<i>B-56 (Abbvie)</i> <input type="checkbox"/>	<i>B-57 (PALLAS)</i> <input type="checkbox"/>	<i>B-58</i> <input type="checkbox"/>	<i>B-59</i> <input type="checkbox"/>	
<i>B-60</i> <input type="checkbox"/>	<i>MPR-1</i> <input type="checkbox"/>	<i>FR-2</i> <input type="checkbox"/>	<i>FC-10</i> <input type="checkbox"/>	<i>FC-11</i> <input type="checkbox"/>	<i>FB-10</i> <input type="checkbox"/>	
<i>FB-11</i> <input type="checkbox"/>	<i>FB-12</i> <input type="checkbox"/>	<i>FB-13</i> <input type="checkbox"/>	<i>FB-14</i> <input type="checkbox"/>			
<b>eTMF Site Zone Website Access</b> (needed for persons responsible for submitting <b>any</b> site documents to NSABP with the exception of patient/subject documents):						
<i>B-59</i> <input type="checkbox"/>	<i>FB-12</i> <input type="checkbox"/>	<i>FB-13</i> <input type="checkbox"/>	<i>FR-2</i> <input type="checkbox"/>	<i>FC-11</i> <input type="checkbox"/>	<i>FC-10</i> <input type="checkbox"/>	<i>FB-14</i> <input type="checkbox"/>

Date of Request:	
Printed Name of NSABP Program Coordinator:	
Signature of NSABP Program Coordinator:	

**NSABP Use Only:**  Roster Confirmed  Login Info Sent  SiteZone Access

NSABP Signature:	Date
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