CARE CONSORTIUM

HOUSTON Methodist CANCER CENTER

Site Contact Form

1. Principal Investigator					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address where the trial will take place:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

2. Address Where Patients are Seen ☐ Same as PI			
Institution:			
Department:			
Address where the trial will take place:			
City:		Primary Phone:	
State:		Mobile Phone:	
Zip:		E-mail:	

3. Regulatory Contact ☐ Yes ☐ No					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

4. Study Coordinator ☐ Yes ☐ No					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

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5. Backup Study Coordinator ☐ Yes ☐ No					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

6. Data Contact ☐ Yes ☐ No					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

7. Local Laboratory			
Institution:			
Department:			
Address:			
City:		Primary Phone:	
State:		Mobile Phone:	
Zip:		E-mail:	

8. Drug Shipment Address					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

Site Contact Form

9. Pharmacist ☐ Same as Section 8.					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

10. Contract Contact					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

11. Budget Contact ☐ Same as Section 10.					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

12. SUSAR/Drug Safety Contact					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

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Site Contact Form

13. Quality Assurance/Quality Control Contact ☐ Yes ☐ No					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

14. IRB	
Institution:	
FWA Number:	

15. Person Completing Form	
Name:	
Phone Number:	

__________________________________ Signature

____________________ Date

CARE CONSORTIUM

HOUSTON Methodist CANCER CENTER

Site Contact Form

Sub-Investigator					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

Sub-Investigator					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

Sub-Investigator					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			

Sub-Investigator					
First Name:		Middle Initial:		Last Name:	
	☐ Dr. ☐ Mr. ☐ Ms. ☐ Prof	Suffix:		Degree:	
Institution:					
Department:					
Address:					
City:		Primary Phone:			
State:		Mobile Phone:			
Zip:		E-mail:			