# DCP CP-CTNet SITE INFORMATION FORM

## PROTOCOL INFORMATION

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|---|---|
| Phase:<br><br><Select One> | Lead Protocol Organization:<br><br><Select One> |
| Name of Lead Academic Organization Principal Investigator: | CTEP Person ID: |
| DCP Protocol No: | Protocol Title: |

## SITE PRINCIPAL INVESTIGATOR INFORMATION

| Name of Principal Investigator | CTEP Person ID |
|---|---|
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## SITE INFORMATION

List all the research locations that the site will be using to conduct this study. Click here for complete list of locations.

| Research Site Name | CTEP Site ID | Site Address |
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## IRB OF RECORD

| IRB Number: | IRB Name: | IRB Address: |
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## LABORATORY INFORMATION

Laboratory information must match the information on the CLIA certificate for labs in the US. Add 'End date' when the lab is no longer in use for the study.

| Laboratory Name | Laboratory Address | End Date |
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## DRUG SHIPMENT AUTHORIZATION (DSA) ADDRESS

| DSA Site Name | DSA Site Contact | DSA Site Address |
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The Principal Investigator will sign at the beginning of the study and at study completion. If the staff member's position or tasks change during the study lifecycle, use additional lines to record new positions/tasks. *(Reference: FDA Guidance for Industry Investigator Responsibilities – Protecting the Rights, Safety and Welfare of Study Subjects, 2009)*

**I, AS PRINCIPAL INVESTIGATOR, HAVE DELEGATED TO THE STAFF MEMBERS THE AUTHORITY TO PERFORM THE TASK(S) INDICATED, UNDER MY SUPERVISION. AS OF THE START DATE, THE STAFF MEMBERS WERE QUALIFIED TO PERFORM THE DELEGATED TASK(S) BASED ON EDUCATION, TRAINING, OR EXPERIENCE.**

**I, AS PRINCIPAL INVESTIGATOR, CONFIRM THE DETAILS ENTERED ABOVE ARE ACCURATE.**

| **Principal Investigator Signature** | **Date** |
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