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Filling out PDF Forms

This PDF form contains “**roll-over** or **double-click**” help functionality.

This form allows you to enter data directly onto the screen. After completing the form, you are able to print the document so that you can fax/mail the document.

To fill out a form:

1. Select the hand tool. 
2. Position the pointer inside a field, and click to type text.
3. After entering text or selecting a check box, do one of the following:
 - Press tab to accept the form field change and go to the next form field.
 - Press Shift+Tab to accept the form field change and go to the previous form field.
 - Press Enter (Windows) or Return (Mac OS) to accept the form field change and deselect the current form field.
4. Once completed, print the form.



CTSUS ROSTER UPDATE FORM

Please note that all persons added to the CTSU site rosters must have an active status with the NCI. Investigators must register annually with the Pharmaceutical Management Branch and associates must maintain an active CTEP-IAM account. To link to the CTEP-IAM go to <https://eapps-ctep.nci.nih.gov/iam>.

Cooperative Group Updates:

- Investigators added to the CTSU institution rosters must be active on a Cooperative Group treatment roster of the institution.
- Roles may be assigned to the person by the Site Administrator or Site Data Administrator via the CTSU members' web site at <https://members.ctsu.org> under the Regulatory tab.

Add or Delete persons to site roster: (attach a listing if required)

Site Name	Institution Code	CTEP Person ID	Person Name	Add Person	Delete Person

Update or Delete the CTSU Administrator and/or Data Administrator role at an institution: (Only 1 person may hold either the Site Admin or Data Admin role at an institution.)

Site Name	Institution Code	CTEP Person ID	Person Name	Role (Admin or DA)	Add Role	Delete Role Only	Delete Role & Roster Record

Person accepting the role of Site Administrator must sign the statement below:

I understand that all general correspondence for CTSU related activities will be directed to my attention and it is my responsibility to forward such correspondence to the appropriate physician and staff members at my institution. It is also my responsibility to assign staff roles and to access restricted areas of the CTSU web site as required.

Signature: _____ **Date:** _____

Persons accepting the role of Site Data Administrator must sign the statement below:

I understand that all CTSU general data management correspondence will be directed to my attention. I may assign data management responsibilities for individual protocols or organizations to data management staff at my institution, but it is my responsibility to keep the names of these individuals current via the roster maintenance screens on the CTSU web site.

Signature: _____ **Date:** _____

Please return the completed form to the CTSU Membership Coordinator at fax 1-888-691-8039.

Person submitting form: _____ **CTEP ID** _____

Date: _____

Internal Use Only	Date Received	Date Processed	Processor	QA