


Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA(OMB#0925-0753). Do not return the completed form to this address.

## 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 CTSUS site rosters must have an active status with the NCI.

and on a network roster. Individuals assigned the CTSUS Administrator or Data Administrator must hold a registration type of Associate Plus or higher. To register in the Registration and Credential Repository (RCR) go to <https://ctepcore.nci.nih.gov/rcr>.

**Cooperative Group** Network Updates: Individuals network treatment roster of the institution.

- Investigators added to the CTSUS 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 CTSUS members' web site at <https://www.ctsu.org/public/Default.aspx> under the RUMS tab.

relocated submission instructions here:

Upload the form to the Regulatory Submission Portal at [www.ctsu.org](http://www.ctsu.org). Select the Membership/Supply document type.

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

; a person must have the Associate Plus registration type to hold either of these roles.)

## Update or Delete the CTSUS Administrator and/or Data Administrator

1 person may hold either the Site Admin or Data Admin role at an institution-updated instructions for assigning roles

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 CTSUS 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 CTSUS web site as required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I understand that all CTSUS 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 CTSUS web site.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Person submitting form: \_\_\_\_\_ CTEP ID \_\_\_\_\_

Date: \_\_\_\_\_ Reversed order of CTEP ID and Date.

Internal Use Only	Date Received	Date Processed	Processor	QA