

Public reporting burden for this collection of information is estimated to average 18 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.

\* Indicates a required field  
 Note: If Institution Name and/or address is not available/incorrect in the list of values, contact ECU Help Desk (ecuhelpdesk@mail.nih.gov)

**Submit Request to Add New Institution to Roster**  
 Request Date: 10/10/2017  
 Requester Name: ADIM , CTMBAIS  
 Requester Phone:   
 Requester Email:   
 \*Audit Domain: CTMSP1P2  
 \*Institution Name:   
 \*Institution CTEP Code:   
 Internal Office:   
 Street Address:   
 Street Address (cont'd):   
 City:   
 State/Province:   
 Zip/Postal Code:   
 Country:   
 \*Membership Type: Treatment  
 \*Membership Study Type:   
 \*Auditable: Yes  No   
 \*Membership Start Date:   
 CTMS Internal Comments:   
 CTMS Comments for CTMB:   
 \*Submit New Request: Yes  No   
 Save Clear

\* Indicates a required field

**Submit Request to Update Existing Institution in Roster**  
 Request Date: 10/10/2017  
 Requester Name: ADIM , CTMBAIS  
 Requester Phone:   
 Requester Email:   
 \*Audit Domain: CTMSP1P2  
 \*Current Institution Name:   
 \*Current Institution CTEP Code:   
 Change of Membership Status: Yes  No   
 Change of Membership Type: Yes  No   
 Change of Parent Institution: Yes  No   
 Change of Auditable: Yes  No   
 CTMS Internal Comments:   
 CTMS Comments for CTMB:   
 \*Submit Update Request: Yes  No   
 Save Clear