Print Form | Save As | Reset Form | Next Page

OMB No. 0925-0613
Expiration Date: 02/28/2013

NATIONAL CANCER INSTITUTE — Cancer Therapy Evaluation Program

Collection of this information is authorized under 21 CFR 312.53. Collection of this information serves two purposes. The first is to identify qualified investigators and associates to participate in clinical investigations at the National Cancer Institute. This information may be disclosed to researchers for research purposes, sponsors of clinical trials, the applicable Institutional Review Board, National Cancer Institute, Food and Drug Administration's Center for Drug Evaluation and Research and Center for Biologics Evaluation and Research, and the Department of Health and Human Services. The second purpose is to ensure that investigational agents are under the control and accounted for by a competent authority. Submission of this information is voluntary, however, in order for us to qualify you to conduct a study in accordance with the relevant, current protocol(s), you must complete all fields.

Public reporting burden for this collection of information is estimated to average 10 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 (0925-0613). Do not return the completed form to this address.

SUPPLEMENTAL INVESTIGATOR DATA FORM

Date (MM/DD/YYYY): ___ / ___ / _____

Sections 1 – 12: REQUIRED INFORMATION (Collected for all investigators participating in NCI-sponsored clinical trials.)

1. Investigator Name (Last, First, Middle, Suffix):	2. Degree(s):	3. NCI Investigator No.:

4. Date of Birth (MM/YYYY): __ __ / __ __ __ __	5. Provider No. (NPI):	6. Are you currently licensed to practice medicine? ☐ YES ☐ NO

7. Primary Specialty Practice(s): Check all that apply.	Board Eligible:	Board Certified:		Board Eligible:	Board Certified:
Anatomic and/or Clinical Pathology	☐	☐	Obstetrics and Gynecology	☐	☐
Clinical Genetics	☐	☐	Orthopedic Surgery	☐	☐
Colon and Rectal Surgery	☐	☐	Otolaryngology	☐	☐
Dermatology	☐	☐	Pediatric Hematology-Oncology	☐	☐
Diagnostic Radiology	☐	☐	Pediatrics	☐	☐
Family Practice	☐	☐	Psychiatry	☐	☐
Gastroenterology	☐	☐	Public Health and General Preventative Medicine	☐	☐
Gynecological Oncology	☐	☐	Radiation Oncology	☐	☐
Hematology	☐	☐	Surgery	☐	☐
Internal Medicine	☐	☐	Surgical Oncology	☐	☐
Medical Oncology	☐	☐	Thoracic Surgery	☐	☐
Neurological Surgery	☐	☐	Urology	☐	☐
Neurology	☐	☐	Other _____	☐	☐

8. Have you received training in:

Completion of this training is mandatory for all NCI-registered investigators.

"Protection of Human Research Participants"? ☐ YES DATE COMPLETED (MM/YYYY): __ __ / __ __ __ __

In sections 9 – 12, use this side to either enter new information or view current information.

In sections 9 – 12, use this side to make changes to current information only.

9. Office Address: The office address and contact information will be used for receipt of all official correspondence.

Institution:		Institution:	
Internal Office:		Internal Office:	
Street Address:		Street Address:	
Street Address:		Street Address:	
City:		City:	
State/Province:		State/Province:	
Zip/Postal Code:		Zip/Postal Code:	
Country:		Country:	
Office Phone No.:		Office Phone No.:	
Office FAX No.:		Office FAX No.:	
Office E-mail:		Office E-mail:	

10. Research Contact: Provide a phone number and email address, suitable for display on a publicly accessible website (e.g., www.cancer.gov), which can be used by a patient to contact the investigator's research staff to inquire about clinical trials approved by their IRB and open for enrollment at their institution.

Research Contact Phone No.	Research Contact Phone No.
Research Contact E-mail address	Research Contact E-mail address

NATIONAL CANCER INSTITUTE
Cancer Therapy Evaluation Program

11. Primary Shipping Address: The primary shipping address will be used for receipt of all CTEP-supplied investigational agents.

Institution:	Institution:
Internal Office:	Internal Office:
Street Address:	Street Address:
Street Address:	Street Address:
City:	City:
State/Province:	State/Province:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:

Shipping Designee: Provide name of shipping designee (preferably a pharmacist) approved to order and receive CTEP-supplied investigational agents.

Shipping Designee Name:	Shipping Designee Name:
Shipping Designee Phone No.:	Shipping Designee Phone No.:
Shipping Designee FAX No.:	Shipping Designee FAX No.:
Shipping Designee E-mail:	Shipping Designee E-mail:

NCI USE ONLY: ☐ PSD ☐ SD ☐ IA

12. Ordering Designee(s): Provide name(s) of ordering designee(s) approved to order CTEP-supplied investigational agents. Note that a "Clinical Drug Request (CDR) Form" for a CTEP-supplied agent must be signed by either the investigator, the authorized shipping designee (from item #11), or an ordering designee (from item #12). An ordering designee must use the primary shipping address (from item #11).

A. Ordering Designee Name:	A. Ordering Designee Name:
Ordering Designee Phone No.:	Ordering Designee Phone No.:
Ordering Designee Fax No.:	Ordering Designee Fax No.:
Ordering Designee E-mail:	Ordering Designee E-mail:
B. Ordering Designee Name:	B. Ordering Designee Name:
Ordering Designee Phone No.:	Ordering Designee Phone No.:
Ordering Designee Fax No.:	Ordering Designee Fax No.:
Ordering Designee E-mail:	Ordering Designee E-mail:
C. Ordering Designee Name:	C. Ordering Designee Name:
Ordering Designee Phone No.:	Ordering Designee Phone No.:
Ordering Designee Fax No.:	Ordering Designee Fax No.:
Ordering Designee E-mail:	Ordering Designee E-mail:

Please be sure you have also included:

1. Completed FDA Form 1572 with original signature.
2. Current Curriculum Vitae (CV).
3. Completed Financial Disclosure Form with original signature.

I certify that the information on this "Supplemental Investigator Data Form" is true and correct to the best of my knowledge.

Investigator: _____ Date: _____
(Signature)

NATIONAL CANCER INSTITUTE | Cancer Therapy Evaluation Program

Section	INSTRUCTIONS FOR COMPLETING THE "SUPPLEMENTAL INVESTIGATOR DATA FORM"
1.	Investigator Name: Provide legal last name, first name, middle initial or name, and suffix (if applicable).
2.	Degree(s): Provide degree(s) (e.g., M.D., D.O., foreign M.D. equivalent).
3.	NCI Investigator No.: Provide the unique NCI investigator number assigned to the investigator by the Pharmaceutical Management Branch (PMB), CTEP, DCTD, NCI at the time of initial registration. *(If an investigator has never registered to participate in NCI-sponsored clinical trials, leave field blank. An NCI Investigator No. will be assigned by the PMB as part of the registration process.)*
4.	Date of Birth: Indicate the investigator's date of birth (in MM/YYYY format).
5.	Provider No. (NPI): Indicate the investigator's National Provider Identifier (NPI).
6.	Medical License: Indicate if the investigator is currently licensed to practice medicine.
7.	Primary Specialty Practice(s): Indicate the investigator's primary specialty practice(s). Board Eligibile: Indicate if the investigator is eligible for Board Certification in the primary specialty practice selected. Board Certified: Indicate if the investigator is Board Certified in the primary specialty practice selected.
8.	Investigator Training: Indicate if the investigator has completed the NIH-mandated training in the protection of human research participants, including date completed (in MM/YYYY format). If needed, additional information and online training are available at http://phrp.nihtraining.com . The online training takes approximately one hour to complete. *Completion of protection of human research participants training is mandatory for ALL NCI-registered investigators.*
9.	Office Address: The office address will be used for receipt of all official correspondence (e.g., annual registration and protocol documents). Include institution, internal office, street, city, state/province, zip/postal code, and country. Office Phone No.: Provide daytime phone number at which the investigator can be reached during normal business hours, including area code. Investigators from outside the United States should also include the country code. Office Fax No.: Provide Fax number at which the investigator usually receives faxes, including area code. Investigators from outside the United States should also include the country code. Office E-mail: Provide E-mail address at which the investigator usually receives e-mail. This address will be used to send information regarding protocols, investigator brochures, stock recovery letters, investigator expiry information, and general information for the investigator.
10.	Research Contact: Provide a phone number and email address, suitable for display on a publicly accessible website (e.g., www.cancer.gov), which can be used by a patient to contact the investigator's research staff to inquire about clinical trials approved by their IRB and open for enrollment at their institution.
11.	Primary Shipping Address: The primary shipping address will be used for receipt of all CTEP-supplied investigational agents. Include institution, internal office, street, city, state/province, zip/postal code, and country. Shipping Designee: Provide name of shipping designee (preferably a pharmacist) approved to order and receive CTEP-supplied agents. *Note that a "Clinical Drug Request (CDR) Form" for a CTEP-supplied agent must be signed by either the investigator, the authorized shipping designee (from item #11), or an ordering designee (from item #12).* Shipping Designee Phone No.: Provide daytime phone number at which the shipping designee can be reached during normal business hours, including area code. Shipping designees from outside the United States should also include the country code. Shipping Designee Fax No.: Provide Fax number at which the shipping designee usually receives faxes, including area code. Shipping designees from outside the United States should also include the country code. Shipping Designee E-mail: Provide E-mail address at which the shipping designee usually receives e-mail. This address will be used to send information regarding protocols, stock recovery letters, and general information for shipping designees.
12.	Ordering Designee(s): Provide name(s) of ordering designee(s) approved to order CTEP-supplied agents. *Note that a "Clinical Drug Request (CDR) Form" for a CTEP-supplied agent must be signed by either the investigator, the authorized shipping designee (from item #11), or an ordering designee (from item #12). An ordering designee must use the primary shipping address (from item #11).* Ordering Designee Phone No.: Provide daytime phone number at which the ordering designee can be reached during normal business hours, including area code. Ordering designees from outside the United States should also include the country code. Ordering Designee Fax No.: Provide Fax number at which the ordering designee usually receives faxes, including area code. Ordering designees from outside the United States should also include the country code. Ordering Designee E-mail: Provide E-mail address at which the ordering designee usually receives e-mail. This address will be used to send information regarding protocols and general information for ordering designees.