

Hospital Name	Street Name	Town / City	County	Postcode	Country

**Main contact person:** \_\_\_\_\_  
(data queries, general corresp.)

**Date form completed:** \_\_\_\_\_

Study Role	Principal Investigator	Co-Investigator	Co-Investigator
<b>Title</b>			
<b>First Name &amp; Initials</b>			
<b>Surname</b>			
<b>Room/Floor/Unit etc.</b>			
<b>Name of Department</b>			
<b>Telephone</b>			
<b>Fax</b>			
<b>Email</b>			
<b>Mailing Address</b> (if different to Hospital Address above)			
<b>Study Role</b>	<b>Research Nurse / Data Manager</b>	<b>Research Nurse / Data Manager</b>	<b>MDT Coordinator</b>
<b>Title</b>			
<b>First Name &amp; Initials</b>			
<b>Surname</b>			
<b>Room/Floor/Unit etc.</b>			
<b>Name of Department</b>			
<b>Telephone</b>			

Please complete this form, keep the original in your site file and send a copy to: RADICALS, MRC Clinical Trials Unit, Institute of Clinical Trials & Methodology, 90 High Holborn 2<sup>nd</sup> Floor, London, WC1V 6LJ

<b>Fax</b>			
<b>Email</b>			
<b>Mailing Address</b> (if different to Hospital Address above)			

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