



NCIC Clinical Trials Group Remote Roster Administrator (RRA) Designation Form

Centre Name: _____

NCIC CTG Centre Code: _____

Each centre must designate a minimum of 2 RRAs. The maximum number is 3.

Name of Designated RRA: _____

RRA's Signature: _____ Date: _____

Name of Designated RRA: _____

RRA's Signature: _____ Date: _____

Name of Designated RRA: _____

RRA's Signature: _____ Date: _____

Please list the names of any previously assigned RRA's to remove:

Centre

Representative: _____
Name Signature Date

Return to: Fax #: (613) 533-2941 or scan and email to roster@ctg.queensu.ca