**CONTACT INFORMATION UPDATE FORM**

Use this form to update site-specific contact information on file with WCG IBC Services. To change the Principal Investigator of an IBC-approved study, please complete a Change in Principal Investigator Form.

Once complete, submit this form electronically via email attachment to [IBCServices@wcgclinical.com](mailto:IBCServices@wcgclinical.com).

**1. STUDY AND PROTOCOL INFORMATION**

Sponsor Protocol #  Principal Investigator:

If the change affects more than one study or investigator, list each protocol number and principal investigator here:

**2. CONTACT UPDATES**

**A. UPDATE AN EXISTING CONTACT:**

|  |  |  |
| --- | --- | --- |
| **Contact Name** | **Update Type** |  |
|  | Email: | Address *(include city, state, zip)*: |
|  | Phone:  **Yes  No** Copy on Emails | Other:  **Yes  No** Invite to Meetings |
|  | Email: | Address *(include city, state, zip)*: |
|  | Phone:  **Yes  No** Copy on Emails | Other:  **Yes  No** Invite to Meetings |
|  | Email: | Address (include city, state, zip): |
|  | Phone:  **Yes  No** Copy on Emails | Other:  **Yes  No** Invite to Meetings |

**B. ADD A NEW CONTACT:**

Note: if you are replacing a contact, then you must indicate the corresponding contact to be removed in the REMOVE AN EXISTING CONTACT section below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Name** | **Email Address** | **Phone Number** | **Institution Name and Job Title** | **Role(s)** |
|  |  |  |  | Study Coordinator  Invite to Meetings  Copy on Emails  Other: |
|  |  |  |  | Study Coordinator  Invite to Meetings  Copy on Emails  Other: |
|  |  |  |  | Study Coordinator  Invite to Meetings  Copy on Emails  Other**:** |

**C. REMOVE AN EXISTING CONTACT:**

| **Contact Name** | **Email Address** | **Role** | **Institution Name & Job Title** | **Still Employed at the Institution?** |
| --- | --- | --- | --- | --- |
|  |  | Study Coordinator  Invite to Meetings  Copy on Emails  Other: |  | Yes  No |
|  |  | Study Coordinator  Invite to Meetings  Copy on Emails  Other: |  | Yes  No |
|  |  | Study Coordinator  Invite to Meetings  Copy on Emails  Other: |  | Yes  No |

**3. PERSON COMPLETING THIS FORM**

Name and Job Title: Date:

Phone:  Email: