**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.

**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: