

BMT CTN Site Staff Change Form

Instructions: Complete the following for each new or departing site staff member and send the completed form to the applicable protocol-specific email address(s) in the table below. One form is to be completed per individual staff member change.

1. Name: _____
2. Email address: _____
3. Site Name: _____
4. Study role: _____
5. Check which studies the staff member is new to or departing from below. Also check if access is needed for the study database, GlobalTrace, and/or protocol-specific page of the BMT CTN website.

Staff Change		Protocol #	Protocol Short Name	Study Database	Protocol-Specific Website Access Needed?	Study Database Access Needed?	GlobalTrace Access Needed?	Protocol Contact Info
New	Departing							
		1102	RIC vs SOC MDS	AdvantageEDC				bmtctn1102@emmes.com
		1301	1301 CNI-free	AdvantageEDC				bmtctn1301@emmes.com
		1302	Allo Myeloma	AdvantageEDC				bmtctn1302@emmes.com
		1401	Myeloma Vaccine	AdvantageEDC				bmtctn1401@emmes.com
		1502	CHAMP	AdvantageEDC				bmtctn1502@emmes.com
		1503	STRIDE2	AdvantageEDC				bmtctn1503@emmes.com
		1506	AML FLT3 Maintenance Therapy	eClinical*				1506dcc@emmes.com
		1507	Haplo SCD	AdvantageEDC				bmtctn1507@emmes.com
		1702	Donor Source	CIBMTR FormsNet			N/A	bmtctn1702@nmdp.org
		1703/1801	PTCy vs. TAC/MTX Mi-Immune	eClinical				bmtctn1703@emmes.com
		1704	CHARM	Medidata Rave			N/A	bmtctn1704@nmdp.org
		1705	HR aGVHD AAT	eClinical*				bmtctn1705@emmes.com
		1902	MM CAR-T	eClinical*				bmtctn1902@emmes.com
		1903	HIV T-Cell	eClinical				bmtctn1903@emmes.com
		1904	Treosulfan	eClinical				bmtctn1904@emmes.com
		2001	GRASP	eClinical*				bmtctn2001@emmes.com
		2002	SR aGVHD	eClinical*				2002dcc@emmes.com
		2101	COVID Vaccine Observational	eClinical and CIBMTR FormsNet				bmtctn2101@emmes.com

**Study-specific database training is required*

6. If the staff member is new, select their study-specific responsibilities:

- Enrolling and Randomizing patients
- Data entry
- Shipping of research samples
- Regulatory document management
- Other - please specify: _____

**** Send this completed form to the applicable protocol-specific email address(es) in the table above ****