



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 and cc bmtctnwebadmin@emmes.com. 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							
<input type="checkbox"/>	<input type="checkbox"/>	1507	Haplo SCD	AdvantageEDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn1507@emmes.com
<input type="checkbox"/>	<input type="checkbox"/>	1702	Donor Source	CIBMTR FormsNet	<input type="checkbox"/>	<input type="checkbox"/>	N/A	bmtctn1702@nmdp.org
<input type="checkbox"/>	<input type="checkbox"/>	1703/1801	PTCy vs. TAC/MTX Mi-Immune	eClinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn1703@emmes.com BMTREG1703@nmdp.org
<input type="checkbox"/>	<input type="checkbox"/>	1705	HR aGVHD AAT	eClinical*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn1705@emmes.com
<input type="checkbox"/>	<input type="checkbox"/>	1902	MM CAR-T	eClinical*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn1902@emmes.com
<input type="checkbox"/>	<input type="checkbox"/>	1903	HIV T-Cell	eClinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn1903@emmes.com 1903Reg@NMDP.ORG
<input type="checkbox"/>	<input type="checkbox"/>	1904	Treo BM Failure Syndromes	eClinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn1904@emmes.com 1904Reg@nmdp.org
<input type="checkbox"/>	<input type="checkbox"/>	2001	GRASP	eClinical*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn2001@emmes.com
<input type="checkbox"/>	<input type="checkbox"/>	2203	GVHD Prophy-Rux	eClinical*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn2203@emmes.com
<input type="checkbox"/>	<input type="checkbox"/>	2207	CureAA	eClinical*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bmtctn2207@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: _____

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