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|  | **Research Program Study Team Roster****RP #:** Click here to enter text.**REB #:** Click here to enter text.**Title:** Click here to enter text.**Principal Investigator:** Click here to enter text.**Best Contact:** Click here to enter text. |  |
| **Local Team Member (Name)** | **Select Position** | **Select Organization** | **Access to TBRHSC** | **Access to Meditech** | **Activities (See Table 1)** |
|
| **1** | Last Name, First Name  | Choose an item.  | Choose an item.  | Choose an item.  | Choose an item.  | Click here to enter text.  |
| **2** | Last Name, First Name  | Choose an item.   |  Choose an item.  | Choose an item.  | Choose an item.  |  Click here to enter text. |
| **3** | Last Name, First Name   | Choose an item.  |  Choose an item.  | Choose an item. | Choose an item.  |  Click here to enter text. |
| **4** | Last Name, First Name   | Choose an item.  |  Choose an item.  | Choose an item.  | Choose an item.  |  Click here to enter text. |
| **5** | Last Name, First Name   | Choose an item.  |  Choose an item.  | Choose an item.  | Choose an item.  |  Click here to enter text. |
| **6** | Last Name, First Name   | Choose an item.  |  Choose an item.  | Choose an item.  | Choose an item.  |  Click here to enter text. |
| **7** | Last Name, First Name   | Choose an item.   |  Choose an item.  | Choose an item.  | Choose an item.  |  Click here to enter text. |
| **8** | Last Name, First Name   | Choose an item.   |  Choose an item.  | Choose an item.  | Choose an item.  |  Click here to enter text. |
| **9** | Last Name, First Name   | Choose an item.   |  Choose an item.  | Choose an item.  | Choose an item.  |  Click here to enter text. |
| **10** | Last Name, First Name   | Choose an item.   |  Choose an item.  | Choose an item.  |  Choose an item. |  Click here to enter text. |
|  |  |  |  |  | **PI Approval:** Signature Date (DD/MM/YYYY) |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Table 1. Study Activities** |
| **1** | Obtain Informed Consent | **15** | Administer drug |  |  |  |
| **2** | Identify / recruit participants | **16** | Collect blood sample |  |  |  |
| **3** | Confirm eligibility criteria | **17** | Process / transport blood sample |  |  |  |
| **4** | Screen participants | **18** | Review lab / other results |  |  |  |
| **5** | Randomization procedure | **19** | Maintain site file |  |  |  |
| **6** | Conduct study visits | **20** | Communicate with REB (ongoing) |  |  |  |
| **7** | Record medical history | **21** | Report to REB (annual / final) |  |  |  |
| **8** | Physical assessment | **22** | Drug storage, destruction and accountability records |  |  |  |
| **9** | Collect / enter data | **23** | Access electronic medical records (Meditech) |  |  |  |
| **10** | Data query resolution | **24** | Review paper medical chart |  |  |  |
| **11** | Case report forms sign-off | **25** | Access PACS |  |  |  |
| **12** | Adverse event reporting | **26** | Work with MRI |  |  |  |
| **13** | Dispense study medication | **a** | Perform data analysis |  |  |  |
| **14** | Maintain screening / activity logs | **b** | Interpret data |  |  |  |
| **A** | Write / review protocol | **c** | Read incidental findings |  |  |  |
| **B** | Create / review consenting material | **i** | Write / review publication |  |  |  |
| **C** | Create / review recruitment material | **ii** | Present at conference |  |  |  |
| **D** | Create database | **iii** | Present at TBRHSC |  |  |  |
| **E** | Create case report forms |  |  |  |  |  |
| Note: Numbers indicate activities for study implementation; Letters indicate study documents |  |