

Next Step: Becoming an Affiliate Site

After you have carefully reviewed the information in this packet, you can request an LOA packet for your site by completing this form. Please make sure all information requested is provided and is legible.

Information about your Clinical Site

Site Name: _____

OHRP Assurance Number (FWA#): _____

If you do not have an OHRP number, please go to www.hhs.gov/ohrp/ for more information.

Site Mailing Address: _____

PO Box: _____

City: _____

State/Province: _____

Zip or Postal Code: _____ Country: _____

Phone: _____

Information about Principal Investigator

Name: _____

Position: _____

Mailing Address: _____

PO Box: _____

City: _____

State/Province: _____

Zip or Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Information about Study Coordinator

Check here if a study coordinator is not yet identified.

Name: _____

Mailing Address: _____

PO Box: _____

City: _____

State/Province: _____

Zip or Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

We look forward to having your site joining the Type 1 Diabetes TrialNet Study Group. Please allow 3 to 4 weeks for receipt of your LOA packet. The LOA packet will be sent to the Principal Investigator for your site.

Name of person completing form

Date

Title

Phone:

Signature

FAX:

Email Address

Submit by FAX to: TrialNet Coordinating Center AND Clinical Center in your region:

**Attn: Erica Pettke
TrialNet Coordinating Center
FAX: 301-881-0179
Phone: 301-231-6882**

**Attn:
Clinical Center
Fax:
Phone:**