

**Canadian Cancer Trials Group  
Remote Roster Administrator (RRA) Designation Form  
For CCTG Member Centres**

Centre Name: \_\_\_\_\_

Centre Code: \_\_\_\_\_

*Each centre must designate a minimum of 2 RRAs. The maximum number is 3.*

Name of Designated RRA: \_\_\_\_\_

RRA's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Designated RRA: \_\_\_\_\_

RRA's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Designated RRA: \_\_\_\_\_

RRA's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the names of any previously assigned RRA's to remove:

**Centre Representative:** \_\_\_\_\_  
Name Signature Date

**Return by email to: [roster@ctg.queensu.ca](mailto:roster@ctg.queensu.ca)**