

## Canadian Cancer Trials Group Remote Roster Administrator (RRA) Designation Form For Group/Partner/CRO Centres

Trial Code:	_ Group/Par	rtner/CRO Name:	
Centre Name:		Cent	re Code:
Each centre must design	ate a minimum o	of 2 RRAs. The maximum number is 3.	
Name of Designated R	RA:		
RRA's Signature:		Date: _	
Name of Designated R	RA:		
RRA's Signature:		Date:_	
Name of Designated D	. П. А.		
Name of Designated R	KA:		
RRA's Signature:		Date: _	
Please list the names of	of any previous	ly assigned RRA's to remove:	
Responsible			
Group/Partner/CRO:	Name	Signature	Date
Trial Qualified Investigator:			
_	Name	Signature	Date

Return by email to: roster@ctg.queensu.ca