

Frequent Hemodialysis Network STUDY STAFF INFORMATION FORM - #600

Instructions: Complete and enter this form for each member of your study staff. All information on this form will be used to create a separate report.

This form keeps track of your phone numbers and shipping addresses so you will need to make sure that these contact items are kept up to date. You may update study staff records at any time and as many times as needed. Updates will be forwarded to DCC staff for the address directory and aliases, as needed.

The first time a staff member's information is entered, you can just start entering information. If you need to update any information for a staff member that is already entered in the system, use F7 to query up the record (Click on Enter Query [or F7], type individual's last name, click on Execute Query [or F8]).

Note: If an individual is no longer a member of the FHN team, you will need to go to Form 601, personnel table to inactivate the staff member status. This in turn, will inactivate any links on Form(s) 603.

For names, the computer will store 30 upper case characters.

1. Last name?

2. First name?

3. Middle initial or name?.....

4. E-mail address:

5. Office telephone number:() -

(Note: Australian clinical center staff members need to complete item 10h-"Country" and the database will pull up the correct phone number format.)

6. Extension number:

7. Fax number:() -

8. a. Pager number:() -

b. Code number for pager, if needed:

9. Cell phone number:.....() -

10. Mailing Address:

a. Line 1:

b. Line 2:

c. Line 3:

d. Line 4:

e. City/Town:

f. State/Province:

g. Zip/Postal Code: _____

h. Country: (1=U.S., 2=Canada, 3=Australia) _____

11. Federal Express Shipping Address: (required) (telephone number used for shipping will be the one identified in Item #5, unless otherwise specified.)

a. Line 1: _____

b. Line 2: _____

c. Line 3: _____

d. Line 4: _____

e. City/Town: _____

f. State/Province: _____

g. Zip/Postal Code: _____

h. Country: (1=U.S., 2=Canada, Australia) _____

12. Clinical Center number _____

13. For those with two centers, enter your second center number _____

14. Primary role in the FHN study? _____

- 01=Consortium Core Principal Investigator
- 02=Clinical Center Principal Investigator
- 03=Co-Investigator
- 04=Consortium Core Study Coordinator
- 05=Study Coordinator
- 06=Study Nurse (other than coordinator)
- 07=Supervising Cardiac MRI Physician
- 08=MRI Technician
- 09=Holter Technician
- 10=Dialysis Unit Medical Director
- 11=Dialysis Unit Nurse
- 12=Dialysis Unit Staff Member
- 13=Lab Technician
- 14=Supervising Lab Technician
- 15=Billing Staff Member
- 16=Data entry
- 17=MRI facility administrator

200. Date this form initially completed for the staff member identified in Item 1 (dd/mon/yyyy) _____/_____/_____

Display Only:

201. Date of most recent update (dd/mon/yyyy): _____/_____/_____

202. Username of person entering this form: _____

203. Date initially entered: (dd/mon/yyyy) _____/_____/_____