CTSA Clinical & Translational Science Awards Program

CTSA Collaborative DSMB Workgroup

Membership Request Form

Name: _____

Title: _____

Email: _____

Phone: _____

Institution: _____

CTSA Institution (if applicable) _____

Current Role (check all that apply):

- ☐ Clinical research faculty or staff
- ☐ IRB director, administrator, member, or staff
- ☐ Research administration, research compliance
- ☐ Other: _____

Interest

How would you like to be involved? (Check all that apply):

- ☐ Dissemination of DSMB Training Manual
- ☐ Continued training of the research community for safety oversight for investigator-initiated studies
- ☐ Production of training videos based on the DSMB Training Manual
- ☐ Communication with interested research groups (via email and calls)
- ☐ Contributions to the medical literature on safety oversight issues
- ☐ Other: _____

Instructions

- Please complete this form, save it to your computer, and email it to: DSMBManual@gmail.com
- You will receive a response within four weeks and a link to workgroup meeting information.
- Meetings occur on the first Wednesday of each month at 1:00PM EST.