



## Study Submission Form Investigator Contact Sheet

### INSTRUCTIONS:

This form is intended to be filled out digitally. Please complete it, save it to your desktop, and email it to [NDACANsupport@cornell.edu](mailto:NDACANsupport@cornell.edu). To associate multiple investigators with a single study, please submit additional copies of this form.

### Study Title:

### Investigator Information

Investigator Salutation (Dr., Ms., etc.) if any: \_\_\_\_\_

Investigator Name: \_\_\_\_\_

Investigator Title: \_\_\_\_\_

Investigator Degree: \_\_\_\_\_

Investigator Organization): \_\_\_\_\_

Investigator Department: \_\_\_\_\_

Investigator Office and Address: \_\_\_\_\_

Investigator Email: \_\_\_\_\_

Investigator Phone Number: \_\_\_\_\_

### Investigator's role (Check all that apply)

☐ Principal Investigator (name will appear first on publications)

☐ Contact Person for questions about this study