

**SECTION 4a – ALTERNATE RESPONSIBLE OFFICIAL (ARO) NAME AND CONTACT INFORMATION**

Record the correct information in the space provided for each item.

Prefix (Ms., Mr., Dr., etc.): \_\_\_\_\_

First Name, Middle Initial, Last Name: \_\_\_\_\_

Credentials (MD, PhD, etc.): \_\_\_\_\_

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

Office Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Cell Phone Number: \_\_\_\_\_

Other Number: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different from facility address listed above) \_\_\_\_\_

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**NOTE: FOR ADDITIONAL ALTERNATE RESPONSIBLE OFFICIALS OR PRINCIPLE INVESTIGATORS, MAKE EXTRA COPIES OF THIS PAGE.**

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