



OMB#: 0925 – xxxx    **Expiry Date: xx/xx/xxxx**

**STATEMENT OF CONFIDENTIALITY**

Collection of this information is authorized under 42 USC 285a. While your participation is completely voluntary, to participate in the NCI CIRB, completion of this form is required. Data collected as part of the NCI CIRB review is private and protected by law. Under the provisions of Section 301d of the Public Health Service Act, no information that could permit identification of a participating individual may be released. All such information will be kept private under the Privacy Act and will be presented only in statistical or summary form.

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<b>Investigator at Signatory Institution</b>			
(All contact forms must be submitted by the local IRB of the signatory institution.)			
Contact information for Investigators at each signatory institution is required. Please provide the CIRB with their contact information so they may receive study-related correspondence from the CIRB. Usernames and passwords for the Participant's Area of the Website will be sent via email to those listed below.			
<input type="checkbox"/> Add		<input type="checkbox"/> Revise	
<b>Investigator Name</b>	First	Last	
Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG <input type="checkbox"/> , CALGB <input type="checkbox"/> , COG <input type="checkbox"/> , ECOG <input type="checkbox"/> , GOG <input type="checkbox"/> , NCCTG <input type="checkbox"/> , NCIC CTG <input type="checkbox"/> , NSABP <input type="checkbox"/> , RTOG <input type="checkbox"/> , SWOG <input type="checkbox"/> )			
NCI Investigator Number		Email Address	
Telephone Number (    ) -		Extension	
Street Address			
Street Address #2			
City		State	Zip
<b>Investigator Institution Information</b>		Institution Name	
NCI Institution Code		FWA Number	
Is this Institution a participating member of a CCOP? Yes/No		Name of CCOP	
Is this Institution a participating member of a MBCCOP? Yes/No		Name of MBCCOP	
Is this Institution an NCI-designated Cancer Center? Yes/No			

**Remove Investigator(s)**

NOTE: The individuals listed below will no longer receive study-related correspondence from the CIRB and will have their usernames and passwords revoked.

First Name	Last Name	NCI Investigator Number	Institution Name