National Cancer Institute
Central IRB Initiative

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

STATEMENT OF CONFIDENTIALITY

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Investigator at Signatory Institution

(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.

☐ **Add** ☐ **Revise**			
Investigator Name	First	Last	
Cooperative Group Affiliations (please select *all* Cooperative Groups with which this Investigator is affiliated) (ACOSOG ☐, CALGB ☐, COG ☐, ECOG☐, GOG ☐, NCCTG ☐, NCIC CTG ☐, NSABP ☐, RTOG ☐, SWOG ☐)			
NCI Investigator Number		Email Address	
Telephone Number ( ) -		Extension	
Street Address			
Street Address #2			
City	State		Zip
Investigator Institution Information	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