



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.

**NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*). Do not return the completed form to this address.

<b>IRB at Affiliate Institution</b>	
(All contact forms must be submitted by the local IRB of the signatory institution.)	
Please provide information for each new IRB relying on an IRB from your signatory institution for review of Cooperative Group studies approved by the CIRB. Contact information for Investigators and Research Staff affiliated with each Institution is required. Please complete the "Investigator at Affiliate Institution" and "Research Staff at Affiliate Institution" forms to provide this information.	
<input type="checkbox"/> Add <input type="checkbox"/> Revise	
<b>IRB Information at Affiliate Institution</b>	
IRB Name	
IRB Registration Number	
Is this IRB the IRB of Record for an entire Community Clinical Oncology Program (CCOP)? (Yes/No)	Name of CCOP
Does this IRB serve as the IRB of Record for a participating CCOP institution (Yes/No)?	Name of CCOP
Is this IRB the IRB of Record for an entire for a Minority-Based Community Clinical Oncology Program (MBCCOP)? (Yes/No)	Name of MBCCOP
Does this IRB serve as the IRB of Record for a participating MBCCOP institution? (Yes/No)	Name of MBCCOP
Does this IRB serve as the IRB of record for an NCI-designated Cancer Center? (Yes/No)	Name of Cancer Center
Does this IRB review adult Cooperative Group phase 3 and/or pediatric phase 2, 3 or pilot studies for a college, university, or medical school? (Yes/No)	Name of College, University, or Medical School
<b>IRB Institution Information</b>	
Institution Name	
NCI Institution Code	FWA Number
Street Address	
Street Address #2	
City	State      Zip
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		
<b>IRB Contact Information</b>		
IRB Contact Person Name	First	Last
Email Address		
Telephone Number ( ) -		Extension

**Remove IRB(s)**

IRB Name	IRB Registration Number	Institution Name