



CIRB Operations Office
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Attachment 2: NCI CIRB INSTITUTION ENROLLMENT WORKSHEET

The NCI CIRB Institution Enrollment Worksheet is a form-based Microsoft Word document that must be completed electronically. Once the worksheet is completed, please email it to the CIRB Operations Office at ncicirbcontact@emmes.com.

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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 vary from 3 to 4 hours 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.

Section A: Institution Information
(Institution of Signatory Official who signs the Authorization Agreement)

Institution Name		
Street Address		
Street Address #2		
City	State	Zip
OHRP Federal Wide Assurance (FWA) Number		
NCI Institution Code		
Is this Institution a participating member of a Community Clinical Oncology Program (CCOP)? Yes/No	Name of CCOP	
Is this Institution a participating member of a Minority-Based Community Clinical Oncology Program (MBCCOP)? Yes/No	Name of MBCCOP	
Is this Institution an NCI-designated Cancer Center? Yes/No		
Primary person completing this worksheet who would be the Institution's Point of Contact		
Institution Point of Contact Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	

Institution GUID (Internal Use Only)	
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Directions for Completing Section A: IRB Information

1. List the IRB(s) at your institution that currently review Pediatric and/or Adult Cooperative Group cancer treatment studies.
 - Multiple pages are provided to accommodate institutions with more than one IRB conducting reviews of these studies.
 - If your institution has more than 6 IRBs reviewing Cooperative Group trials, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate worksheet.
2. Supply the OHRP IRB Registration Number for each IRB.
3. Indicate whether each IRB will be reviewing Adult or Pediatric Cooperative Group treatment studies or both.
4. Indicate whether or not each IRB will have the authority to accept the reviews of the CIRB by performing a facilitated review.
5. For those IRBs with authority to perform a facilitated review, indicate the staff member with the responsibility to report the use of facilitated review. (Reporting is done via the CIRB website).
6. For each IRB, enter address information as well as contact information for the IRB Chair, IRB Director/Administrator, IRB Contact, and any other IRB Staff Member(s).

NCI CIRB Institution Enrollment Worksheet
Section A: IRB Information

IRB # 1			
IRB Name		OHRP IRB Registration Number	
Review Type (Adult, Pediatric, Both)		Will this IRB have authority to perform facilitated review? (Yes, No)	
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	
For IRBs with authority to perform facilitated review, provide name of person responsible for reporting the FR:			
Reporting Person Name	First	Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip
IRB Chair Information			
Chair Name	First	Last	
Email Address		Telephone Number () -	Extension
Street Address			
Street Address #2			
City		State	Zip
IRB Director/Administrator Information			
IRB Director/Administrator Name	First	Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip
IRB Contact Information (Primary Point of Contact for all CIRB Correspondence)			
IRB Contact Person Name	First	Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip
Additional IRB Staff Member Information			
IRB Staff Member Name	First	Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip

NCI CIRB Institution Enrollment Worksheet
Section A: IRB Information

IRB # 2			
IRB Name		OHRP IRB Registration Number	
Review Type (Adult, Pediatric, Both)		Will this IRB have authority to perform facilitated review? (Yes, No)	
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	
For IRBs with authority to perform facilitated review, provide name of person responsible for reporting the FR:			
Reporting Person Name	First	Last	
Title		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
IRB Chair Information			
Chair Name	First	Last	
Email Address		Telephone Number ()	- Extension
Street Address			
Street Address #2			
City	State	Zip	
IRB Director/Administrator Information			
IRB Director/Administrator Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
IRB Contact Information (Primary Point of Contact for all CIRB Correspondence)			
IRB Contact Person Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
Additional IRB Staff Member Information			
IRB Staff Member Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	

NCI CIRB Institution Enrollment Worksheet
Section A: IRB Information

IRB # 3			
IRB Name		OHRP IRB Registration Number	
Review Type (Adult, Pediatric, Both)		Will this IRB have authority to perform facilitated review? (Yes, No)	
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	
For IRBs with authority to perform facilitated review, provide name of person responsible for reporting the FR:			
Reporting Person Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
IRB Chair Information			
Chair Name	First	Last	
Email Address		Telephone Number ()	Extension
Street Address			
Street Address #2			
City	State	Zip	
IRB Director/Administrator Information			
IRB Director/Administrator Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
IRB Contact Information (Primary Point of Contact for all CIRB Correspondence)			
IRB Contact Person Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
Additional IRB Staff Member Information			
IRB Staff Member Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	

NCI CIRB Institution Enrollment Worksheet
Section A: IRB Information

IRB # 4			
IRB Name		OHRP IRB Registration Number	
Review Type (Adult, Pediatric, Both)		Will this IRB have authority to perform facilitated review? (Yes, No)	
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	
For IRBs with authority to perform facilitated review, provide name of person responsible for reporting the FR:			
Reporting Person Name	First	Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip
IRB Chair Information			
Chair Name	First	Last	
Email Address		Telephone Number () -	
Extension			
Street Address			
Street Address #2			
City		State	Zip
IRB Director/Administrator Information			
IRB Director/Administrator Name	First	Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip
IRB Contact Information (Primary Point of Contact for all CIRB Correspondence)			
IRB Contact Person Name	First	Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip
Additional IRB Staff Member Information			
IRB Staff Member Name	First	Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip

NCI CIRB Institution Enrollment Worksheet
Section A: IRB Information

IRB # 5			
IRB Name		OHRP IRB Registration Number	
Review Type (Adult, Pediatric, Both)		Will this IRB have authority to perform facilitated review? (Yes, No)	
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	
For IRBs with authority to perform facilitated review, provide name of person responsible for reporting the FR:			
Reporting Person Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
IRB Chair Information			
Chair Name	First	Last	
Email Address		Telephone Number ()	Extension
Street Address			
Street Address #2			
City	State	Zip	
IRB Director/Administrator Information			
IRB Director/Administrator Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
IRB Contact Information (Primary Point of Contact for all CIRB Correspondence)			
IRB Contact Person Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
Additional IRB Staff Member Information			
IRB Staff Member Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	

NCI CIRB Institution Enrollment Worksheet
Section A: IRB Information

IRB # 6			
IRB Name		OHRP IRB Registration Number	
Review Type (Adult, Pediatric, Both)		Will this IRB have authority to perform facilitated review? (Yes, No)	
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	
For IRBs with authority to perform facilitated review, provide name of person responsible for reporting the FR:			
Reporting Person Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
IRB Chair Information			
Chair Name	First	Last	
Email Address		Telephone Number ()	Extension
Street Address			
Street Address #2			
City	State	Zip	
IRB Director/Administrator Information			
IRB Director/Administrator Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
IRB Contact Information (Primary Point of Contact for all CIRB Correspondence)			
IRB Contact Person Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	
Additional IRB Staff Member Information			
IRB Staff Member Name	First	Last	
Title/Role		Email Address	
Telephone Number ()	-	Extension	
Street Address			
Street Address #2			
City	State	Zip	

Section A: Investigator Information

Please provide the CIRB with contact information for Investigators from your Institution who should receive study-related correspondence from the CIRB. All Investigators will receive access to the Participant's Area of the CIRB website (www.ncicirb.org). Access to the Participant's Area is necessary for IRB and Research Staff to view and download study-related documents to use during facilitated review or to save in the regulatory file. User names and passwords for the Participant's Area of the Website will be sent via email.

1. Investigator Information

Investigator Name	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
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			

2. Investigator Information

Investigator Name	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
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			

NCI CIRB Institution Enrollment Worksheet
Section A: Investigator Information

3. Investigator Information			
Investigator Name	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
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			

4. Investigator Information			
Investigator Name	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
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			

NCI CIRB Institution Enrollment Worksheet
Section A: Investigator Information

9. Investigator Information			
Investigator Name	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
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			

10. Investigator Information			
Investigator Name	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
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			

Section A: Research Staff Information

Please provide the CIRB with contact information for Research Staff from your Institution who should receive study-related correspondence from the CIRB. All Research Staff will receive access to the Participant's Area of the CIRB website (www.ncicirb.org). Access to the Participant's Area is necessary for IRB and Research Staff to view and download study-related documents to use during facilitated review or to save in the regulatory file. User names and passwords for the Participant's Area of the Website will be sent via email.

1. Research Staff Name			
First		Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Institution Name			
Street Address			
Street Address #2			
City		State	Zip
2. Research Staff Name			
First		Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Institution Name			
Street Address			
Street Address #2			
City		State	Zip
3. Research Staff Name			
First		Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Institution Name			
Street Address			
Street Address #2			
City		State	Zip
4. Research Staff Name			
First		Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Institution Name			
Street Address			
Street Address #2			
City		State	Zip
5. Research Staff Name			
First		Last	
Title/Role		Email Address	
Telephone Number () -		Extension	
Institution Name			
Street Address			
Street Address #2			
City		State	Zip

NCI CIRB Institution Enrollment Worksheet
Section A: Research Staff Information

6. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
7. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
8. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
9. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
10. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip

NCI CIRB Institution Enrollment Worksheet
Section A: Research Staff Information

11. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
12. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
13. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
14. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
15. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip

All Research Staff from your Institution involved in Cooperative Group trials should be listed. If you need to add more Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.

Section A: Information About Institutions Identified On Your Federal Wide Assurance (FWA) As 'Institutional Components'

Please list all Institutional Components, if any, over which the Institution has legal authority that operate under a different name and participate in Cooperative Group trials approved by the CIRB. This information is also listed on your Institution's FWA in the 'Institutional Components' section. If you need to add more Institutions, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.

Institution #1		
Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip
Institution #2		
Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip
Institution #3		
Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip
Institution #4		
Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip
Institution #5		
Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip
Institution #6		
Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution On Their Federal Wide Assurance (FWA)

Are there IRB(s) at other institutions that have designated on their FWA (item #5) an IRB listed in Section A of this worksheet? Yes/No

If No, go to Section C on page 35.

If Yes, note that the IRBs listed below will not have the authority to perform a facilitated review since they are depending on your IRB's review. Please provide information for each IRB relying on an IRB from your Institution for review of Cooperative Group studies approved by the CIRB. Contact information for Investigators and Research Staff affiliated with each IRB is required. There is space for each IRB to supply contact information for up to three Investigators and up to five Research Staff. If you need more space for additional Investigators or Research Staff, email the CIRB Helpdesk at ncicirbcontact@emmes.com for the appropriate form.

All Investigators and Research Staff will receive access to the Participant's Area of the CIRB website (www.ncicirb.org). Access to the Participant's Area is necessary for IRB and Research Staff to view and download study-related documents to use during facilitated review or to save in the regulatory file. User names and passwords for the Participant's Area of the Website will be sent via email.

IRB # 1 Information

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

IRB Institution Information

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		

IRB Contact Information

IRB Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Investigator Information		
Investigator Name	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
1. 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		
2. Investigator Information		
Investigator Name	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
2. 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		
3. Investigator Information		
Investigator Name	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
3. 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		

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip

All Investigators and Research Staff from Institutions with IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

IRB # 2 Information		
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	
IRB Institution Information		
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		
IRB Contact Information		
IRB Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Investigator Information		
Investigator Name	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
1. 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		
2. Investigator Information		
Investigator Name	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
2. 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		
3. Investigator Information		
Investigator Name	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
3. 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		

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip

All Investigators and Research Staff from Institutions with IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

IRB # 3 Information		
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	
IRB Institution Information		
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		
IRB Contact Information		
IRB Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Investigator Information		
Investigator Name	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
1. 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		
2. Investigator Information		
Investigator Name	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
2. 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		
3. Investigator Information		
Investigator Name	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
3. 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		

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip

All Investigators and Research Staff from Institutions with IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

IRB # 4 Information		
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?	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	
IRB Institution Information		
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		
IRB Contact Information		
IRB Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip

All Investigators and Research Staff from Institutions with IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

IRB # 5 Information		
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	
IRB Institution Information		
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		
IRB Contact Information		
IRB Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Investigator Information		
Investigator Name	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
1. 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		
2. Investigator Information		
Investigator Name	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
2. 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		
3. Investigator Information		
Investigator Name	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
3. 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		

NCI CIRB Institution Enrollment Worksheet

Section B: Information About IRBs at Other Institutions Who Have Designated an IRB at Your Institution on Their Federal Wide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip

All Investigators and Research Staff from Institutions with IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

Are there Institutions that do not have an IRB and have designated an IRB listed in Section B on their OHRP FWA? Yes / No

If no, please return the completed worksheet to the CIRB Operations Office via email to ncicirbcontact@emmes.com.

If yes, please provide information for each Institution without an IRB that is relying on an IRB from your Institution for review of Cooperative Group studies approved by the CIRB. Contact information for Investigators and Research Staff affiliated with each Institution is required. There is space for five Institutions and for each Institution to supply contact information for up to three Investigators and up to five Research Staff. If you need more space for additional Institutions, Investigators or Research Staff, email the CIRB Helpdesk at ncicirbcontact@emmes.com for the appropriate form

All Investigators and Research Staff will receive access to the Participant's Area of the CIRB website (www.ncicirb.org). Access to the Participant's Area is necessary for IRB and Research Staff to view and download study-related documents to use during facilitated review or to save in the regulatory file. User names and passwords for the Participant's Area of the Website will be sent via email.

Institution # 1 Information		
Institution Name		
FWA Number	NCI Institution Code	
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		
Contact Person Information		
Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

1. Investigator Information		
Investigator Name	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
2. Investigator Information		
Investigator Name	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
3. Investigator Information		
Investigator Name	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

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
<p>All Investigators and Research Staff from Institutions without IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.</p> <p>If there are no other Institutions relying on an IRB at your institution, you have completed this form. Please review and return the completed worksheet to the CIRB Operations Office via email to ncicirbcontact@emmes.com. Thank you.</p>		

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

Institution # 2 Information		
Institution Name		
FWA Number	NCI Institution Code	
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		
Contact Person Information		
Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

1. Investigator Information		
Investigator Name	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

2. Investigator Information		
Investigator Name	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

3. Investigator Information		
Investigator Name	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

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
<p>All Investigators and Research Staff from Institutions without IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.</p>		
<p>If there are no other Institutions relying on an IRB at your institution, you have completed this form. Please review and return the completed worksheet to the CIRB Operations Office via email to ncicirbcontact@emmes.com. Thank you.</p>		

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

Institution # 3 Information		
Institution Name		
FWA Number	NCI Institution Code	
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		
Contact Person Information		
Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

1. Investigator Information		
Investigator Name	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

2. Investigator Information		
Investigator Name	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

3. Investigator Information		
Investigator Name	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

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
<p>All Investigators and Research Staff from Institutions without IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.</p>		
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NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

Institution # 4 Information		
Institution Name		
FWA Number	NCI Institution Code	
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		
Contact Person Information		
Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

1. Investigator Information		
Investigator Name	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

2. Investigator Information		
Investigator Name	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

3. Investigator Information		
Investigator Name	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

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
<p>All Investigators and Research Staff from Institutions without IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form.</p>		
<p>If there are no other Institutions relying on an IRB at your institution, you have completed this form. Please review and return the completed worksheet to the CIRB Operations Office via email to ncicirbcontact@emmes.com. Thank you.</p>		

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

Institution # 5 Information		
Institution Name		
FWA Number	NCI Institution Code	
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		
Contact Person Information		
Contact Person Name	First	Last
Email Address		
Telephone Number () -	Extension	

1. Investigator Information		
Investigator Name	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

2. Investigator Information		
Investigator Name	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

3. Investigator Information		
Investigator Name	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

NCI CIRB Institution Enrollment Worksheet

Section C: Information About Institutions Without IRBs Who Have Designated an IRB at Your Institution On Their FederalWide Assurance (FWA)

1. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
2. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
3. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
4. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
5. Research Staff Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip
<p>All Investigators and Research Staff from Institutions without IRBs using your IRB should be listed. If you need to add more Investigators or Research Staff, please email the CIRB Help Desk at ncicirbcontact@emmes.com for the appropriate form</p>		
<p>If there are no other Institutions relying on an IRB at your institution, you have completed this form. Please review and return the completed worksheet to the CIRB Operations Office via email to ncicirbcontact@emmes.com. Thank you.</p>		