



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

STATEMENT OF CONFIDENTIALITY

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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.

IRB Staff at Signatory Institution’s IRB

(All contact forms must be submitted by the local IRB of the signatory institution.)

Please provide contact information for new IRB Staff at an IRB from your signatory institution that reviews Cooperative Group studies approved by the CIRB and should 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**

IRB Staff Information

Person Name	First	Last
Title/Role	Email Address	
Telephone Number () -	Extension	
Institution Name		
Street Address		
Street Address #2		
City	State	Zip

Remove IRB Staff

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	Role