



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

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Investigator at Affiliate Institution			
(All contact forms must be submitted by the local IRB of the signatory institution.)			
Contact information for Investigators at each affiliated 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	
Investigator or 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			

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