National Cancer Institute
Central IRB Initiative

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.

IRB at Signatory Institution

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

Please list IRB(s) at your signatory institution that currently review Pediatric and/or Adult Cooperative Group cancer treatment studies. Be sure to supply the OHRP IRB Registration Number for each IRB and whether each IRB will be reviewing Adult or Pediatric Cooperative Group treatment studies or both.

☐ **Add** ☐ **Revise**

IRB Information at Signatory Institution

Institution Name		
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

Remove IRB(s)

IRB Name	IRB Registration Number