



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.

Affiliate Institution Without an IRB

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

Please provide information for each new institution without an IRB that is 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.

Add Revise

Affiliate Institution Without an IRB 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	

Remove Institution(s)

Institution Name	FWA Number