

CIRB Operations Office c/o: The EMMES Corporation 401 N. Washington St. Suite 700 Rockville, MD 20850 Tel: 1-888-657-3711 (Toll Free)

Fax: 301-560-6538

E-mail: ncicirbcontact@emmes.com

# 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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a>.

#### SECTION A: INFORMATION ABOUT THE ENROLLING INSTITUTION

•	INSTITUTION INFORMATION2
•	IRB INFORMATION3
•	INVESTIGATOR INFORMATION
•	RESEARCH STAFF INFORMATION
•	INFORMATION ABOUT INSTITUTIONS IDENTIFIED ON YOUR FEDERAL WIDE ASSURANCE (FWA) AS 'INSTITUTIONAL COMPONENTS'
	CTION B: INFORMATION ABOUT IRBS AT OTHER INSTITUTIONS WHO HAVE DESIGNATED AN IRB AT DUR INSTITUTION ON THEIR FEDERAL WIDE ASSURANCE (FWA)20
	CTION C: INFORMATION ABOUT INSTITUTIONS WITHOUT IRBS WHO HAVE DESIGNATED AN IRB AT OUR INSTITUTION ON THEIR FEDERALWIDE ASSURANCE (FWA)35

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-xxxxx\*). Do not return the completed form to this address.

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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 (FW	A) Number						
NCI Institution Code							
Is this Institution a participating mem Oncology Program (CCOP)? Yes/No		nunity Clinic	cal	Name of CC	ОР		
Is this Institution a participating memicommunity Clinical Oncology Progra		•		Name of MB	ССОР		
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	irst				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) <u>at your institution</u> 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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> 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).

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IDD # 1	Sec	ction A: IRB Info	ormat	ion			
IRB # 1			ı				
IRB Name	Г			OHRP IRB Registration Number			
Review Type (Adult, Pediatric, Both)		ve aut	uthority to perform facilitated review? (Yes, No)				
Is this IRB the IRB of Record for an er Oncology Program (CCOP)? (Yes/No	)						
Does this IRB serve as the IRB of Rec	ord for a partic	cipating CCOP		Name of CCOP			
institution? (Yes/No)	4ina fan a NAina	eite - December		Name of MDOOOD			
Is this IRB the IRB of Record for an en Community Clinical Oncology Program	n (MBCCOP)?	(Yes/No)		Name of MBCCOP			
Does this IRB serve as the IRB of Recinstitution? (Yes/No)	•		OP	Name of MBCCOP			
Does this IRB serve as the IRB of reco Cancer Center? (Yes/No)	ord for an NCI-	designated		Name of Cancer Center			
Does this IRB review adult Cooperativ pediatric phase 2, 3 or pilot studies for school? (Yes/No)			lical	Name of College, University, or Medical School			
For IRBs with authority to perform t	acilitated rev	iew, provide n	ame	of person responsible for repo	orting the FR:		
Reporting Person Name First			Las				
Title/Role		Email Addre	ess				
Telephone Number ( ) -	Extension						
Street Address							
Street Address #2							
City	State	Zip					
IRB Chair Information	•	•					
Chair Name First		Last					
Email Address			Teler	phone Number ( ) -	Extension		
Street Address		L	- 1	,	1		
Street Address #2							
City	State	Zip					
IRB Director/Administrator Informat	l .	—·P					
	irst			Last			
Title/Role	1101	Email Addre	222	Luci			
Telephone Number ( ) -	Extension	Email Addre					
Street Address	EXICIISION						
Street Address #2							
City	State	Zip					
IRB Contact Information (Primary Po			orroor	pandanca)			
IRB Contact Information (Primary Po	on to Contact	Last	onest	oniuence)			
Title/Role		Email Addre	200				
		Email Addre	588				
Telephone Number ( ) -	Extension						
Street Address							
Street Address #2	04.4	7:					
City	State	Zip					
Additional IRB Staff Member Inform	ation	1 .					
IRB Staff Member Name First		Last					
Title/Role	1-: -	Email Addre	ess				
Telephone Number ( ) -	Extension						
Street Address							
Street Address #2	T -						
City	State	Zip					

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IRB Name  Review Type (Adult, Pediatric, Both)  Is this IRB the IRB of Record for an entire Community Clinical Oncology Program (CCOP)? (Yes/No)  Does this IRB serve as the IRB of Record for a participating CCOP institution? (Yes/No)  Is this IRB the IRB of Record for an entire for a Minority-Based Community Clinical Oncology Program (MBCCOP)? (Yes/No)  Name of CCOP  Name of CCOP	)
Review Type (Adult, Pediatric, Both)  Is this IRB the IRB of Record for an entire Community Clinical Oncology Program (CCOP)? (Yes/No)  Does this IRB serve as the IRB of Record for a participating CCOP institution? (Yes/No)  Is this IRB the IRB of Record for an entire for a Minority-Based Community Clinical Oncology Program (MBCCOP)? (Yes/No)  Will this IRB have authority to perform facilitated review? (Yes, No  Name of CCOP  Name of CCOP  Name of MBCCOP	)
Is this IRB the IRB of Record for an entire Community Clinical  Oncology Program (CCOP)? (Yes/No)  Does this IRB serve as the IRB of Record for a participating CCOP institution? (Yes/No)  Is this IRB the IRB of Record for an entire for a Minority-Based Community Clinical Oncology Program (MBCCOP)? (Yes/No)  Name of CCOP  Name of MBCCOP	,
Does this IRB serve as the IRB of Record for a participating CCOP institution? (Yes/No)  Is this IRB the IRB of Record for an entire for a Minority-Based Community Clinical Oncology Program (MBCCOP)? (Yes/No)  Name of CCOP  Name of MBCCOP	
institution? (Yes/No)  Is this IRB the IRB of Record for an entire for a Minority-Based Community Clinical Oncology Program (MBCCOP)? (Yes/No)	
Is this IRB the IRB of Record for an entire for a Minority-Based Community Clinical Oncology Program (MBCCOP)? (Yes/No)	
Community Clinical Oncology Program (MBCCOP)? (Yes/No)	
Community Climate Checkey 1 (Cgram (MDCCC1)). (100/10)	
Does this IRB serve as the IRB of Record for a participating MBCCOP Name of MBCCOP	
institution? (Yes/No)	
Does this IRB serve as the IRB of record for an NCI-designated  Name of Cancer Center	
Cancer Center? (Yes/No)	
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 Phase 2, 3 or pilot studies for a college, university, or medical School Phase 2, 3 or pilot studies for a college, university, or medical School Phase 2, 3 or pilot studies for a college, university, or medical School Phase 2, 3 or pilot studies for a college, university, or medical School Phase 3 and/or pediatric phase 2, 3 or pilot studies for a college, university, or medical School Phase 3 and/or pediatric phase 2, 3 or pilot studies for a college, university, or medical School Phase 3 and	1001
school? (Yes/No)	
For IRBs with authority to perform facilitated review, provide name of person responsible for reporting the Fi	₹:
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	

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IRB#3							
IRB Name				OHRP IRB Registration Number	r		
Review Type (Adult, Pediatric, Both)	Wil	II this IRB hav	e au	uthority to perform facilitated review? (Yes, No)			
Is this IRB the IRB of Record for an entire Community Clinical				Name of CCOP			
Oncology Program (CCOP)? (Yes/No)							
Does this IRB serve as the IRB of Record f	for a partici <sub>l</sub>	pating CCOP		Name of CCOP			
institution? (Yes/No)	fan a Nilaani	tu Danad		Name of MDCCOD			
Is this IRB the IRB of Record for an entire f Community Clinical Oncology Program (ME				Name of MBCCOP			
Does this IRB serve as the IRB of Record f	for a partici	pating MBCC	OP	Name of MBCCOP			
institution? (Yes/No)		,					
Does this IRB serve as the IRB of record for	or an NCI-d	esignated		Name of Cancer Center			
Cancer Center? (Yes/No)							
Does this IRB review adult Cooperative Gropediatric phase 2, 3 or pilot studies for a co			ical	Name of College, University, or	Medical School		
school? (Yes/No)	Jilege, uriive	ersity, or medi	Icai				
For IRBs with authority to perform facili	itated revie	ew, provide n	ame	of person responsible for repo	orting the FR:		
Reporting Person Name First			Las				
Title/Role		Email Addre	ss				
Telephone Number ( ) - Ex	xtension						
Street Address							
Street Address #2							
City St	tate	Zip					
IRB Chair Information							
Chair Name First		Last					
Email Address			Telep	ohone Number ( ) -	Extension		
Street Address		•	•	, , ,			
Street Address #2							
City	tate	Zip					
IRB Director/Administrator Information							
IRB Director/Administrator Name First				Last			
Title/Role		Email Addre	ss				
Telephone Number ( ) - Ex	xtension	ı					
Street Address							
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IRB Contact Information (Primary Point o	of Contact for		orres	oondence)			
IRB Contact Person Name First		Last		,			
Title/Role		Email Addre	ss				
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Street Address							
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Additional IRB Staff Member Information		· · ·					
IRB Staff Member Name First		Last					
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Street Address							
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IRB # 4						
IRB Name				OHRP IRB Registration Number	er	
Review Type (Adult, Pediatric, Both)	Wil	Il this IRB hav	e au	uthority to perform facilitated review? (Yes, No)		
Is this IRB the IRB of Record for an entire Co			0 0.0.	Name of CCOP	(1.00, 1.10)	
Oncology Program (CCOP)? (Yes/No)						
Does this IRB serve as the IRB of Record for institution? (Yes/No)	r a particip	pating CCOP		Name of CCOP		
Is this IRB the IRB of Record for an entire for	r a Minorit	tv-Based		Name of MBCCOP		
Community Clinical Oncology Program (MBC	CCOP)? (	(Yes/No)				
Does this IRB serve as the IRB of Record for	r a particip	pating MBCC	OP	Name of MBCCOP		
institution? (Yes/No)  Does this IRB serve as the IRB of record for	an NCI-de	esignated		Name of Cancer Center		
Cancer Center? (Yes/No)	anivoru	coignated		Name of Cancer Center		
Does this IRB review adult Cooperative Grou				Name of College, University, or	Medical School	
pediatric phase 2, 3 or pilot studies for a colle	ege, unive	ersity, or med	ical			
school? (Yes/No)  For IRBs with authority to perform facilita	stad ravia	w provide n	amo	of norsen responsible for rene	erting the ED:	
Reporting Person Name First	iteu revie	w, provide n	Las		iting the FK.	
Title/Role		Email Addre		•		
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Street Address						
Street Address #2						
City Stat	te	Zip				
IRB Chair Information		•				
Chair Name First		Last				
Email Address		1	Telep	ohone Number ( ) -	Extension	
Street Address						
Street Address #2						
City Stat	te	Zip				
IRB Director/Administrator Information						
IRB Director/Administrator Name First				Last		
Title/Role		Email Addre	ss			
Telephone Number ( ) - Exte	ension					
Street Address						
Street Address #2						
City Stat	te	Zip				
IRB Contact Information (Primary Point of	Contact for	or all CIRB Co	orres	pondence)		
IRB Contact Person Name First		Last				
Title/Role		Email Addre	SS			
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Street Address						
Street Address #2	<u>, T</u>	<b></b> -				
City Stat	te	Zip				
Additional IRB Staff Member Information		1 .				
IRB Staff Member Name First	1	Last				
Title/Role		Email Addre	SS			
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Street Address #2						
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City Stat	ıe	Zip				

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IRB#5				
IRB Name		OHRP IRB Registration Number		
Review Type (Adult, Pediatric, Both)	Will this IRR have an	thority to perform facilitated review? (Yes, No)		
Is this IRB the IRB of Record for an entire Commu		Name of CCOP		
Oncology Program (CCOP)? (Yes/No)	·			
Does this IRB serve as the IRB of Record for a pa	articipating CCOP	Name of CCOP		
institution? (Yes/No)				
Is this IRB the IRB of Record for an entire for a Mi		Name of MBCCOP		
Community Clinical Oncology Program (MBCCOF Does this IRB serve as the IRB of Record for a page 14.00 pt.)		Name of MBCCOP		
institution? (Yes/No)	inticipating MBCCOF	Name of Midcoor		
Does this IRB serve as the IRB of record for an No	CI-designated	Name of Cancer Center		
Cancer Center? (Yes/No)				
Does this IRB review adult Cooperative Group pha		Name of College, University, or Medical School		
pediatric phase 2, 3 or pilot studies for a college, t	university, or medical			
school? (Yes/No)	ovious provide nema	of narron reaponable for reporting the ED:		
For IRBs with authority to perform facilitated real Reporting Person Name First	eview, provide name La	· · · · · · · · · · · · · · · · · · ·		
Title/Role	Email Address	<u> </u>		
Telephone Number ( ) - Extension				
Street Address	II.			
Street Address #2				
	7:			
City State	Zip			
IRB Chair Information	1 4			
Chair Name First Email Address	Last	phone Number ( ) Evtension		
	reie	phone Number ( ) - Extension		
Street Address				
Street Address #2	7:			
City State	Zip			
IRB Director/Administrator Information		T		
IRB Director/Administrator Name First		Last		
Title/Role	Email Address			
Telephone Number ( ) - Extension	n			
Street Address				
Street Address #2				
City State	Zip			
IRB Contact Information (Primary Point of Conta		pondence)		
IRB Contact Person Name First	Last			
Title/Role	Email Address			
Telephone Number ( ) - Extension	n			
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			
State	<del>-</del> 'P			

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IRB#6				
IRB Name		OHRP IRB Registration Number		
Review Type (Adult, Pediatric, Both)	Will this IRB ha	ave authority to perform facilitated review? (Yes, No)		
	Is this IRB the IRB of Record for an entire Community Clinical			
Oncology Program (CCOP)? (Yes/No)				
Does this IRB serve as the IRB of Record for	a participating CCOF	Name of CCOP		
institution? (Yes/No)  Is this IRB the IRB of Record for an entire for	a Minarity Based	Name of MBCCOP		
Community Clinical Oncology Program (MBC)		Name of MBCCOP		
Does this IRB serve as the IRB of Record for	a participating MBC0	COP Name of MBCCOP		
institution? (Yes/No)				
Does this IRB serve as the IRB of record for a	n NCI-designated	Name of Cancer Center		
Cancer Center? (Yes/No)		Name of Callege Hairranita on Madical Calcal		
Does this IRB review adult Cooperative Group pediatric phase 2, 3 or pilot studies for a college		Name of College, University, or Medical School		
school? (Yes/No)	ge, university, or med	ulcai		
,	ed review, provide	name of person responsible for reporting the FR:		
Reporting Person Name First		Last		
Title/Role	Email Addr	ress		
Telephone Number ( ) - Exter	nsion			
Street Address				
Street Address #2				
City State	e Zip			
IRB Chair Information				
Chair Name First	Last			
Email Address		Telephone Number ( ) - Extension		
Street Address				
Street Address #2				
City State	e Zip			
IRB Director/Administrator Information				
IRB Director/Administrator Name First		Last		
Title/Role	Email Addr	ress		
Telephone Number ( ) - Exter	nsion			
Street Address				
Street Address #2				
City State	Zip			
IRB Contact Information (Primary Point of C	ontact for all CIRB C	Correspondence)		
IRB Contact Person Name First	Last			
Title/Role	Email Addr	ress		
Telephone Number ( ) - Exter	nsion			
Street Address				
Street Address #2				
City State	e Zip			
Additional IRB Staff Member Information	• •			
IRB Staff Member Name First	Last			
Title/Role	Email Addr	ress		
Telephone Number ( ) - Exter	nsion			
Street Address				
Street Address #2				
City State	e Zip			

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# **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 (<a href="www.ncicirb.org">www.ncicirb.org</a>). 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 □, CALGB □, COG □, ECOG□, GOG □, NCCTG □, NCIC CTG □, NSABP □, RTOG □, SWOG □)								
NCI Investigator Number Email Address								
Telephone Number ( ) -			Exte	ension				
Street Address	Street Address							
Street Address #2								
City		State				Zip		
<b>Investigator Institution Information</b>	Insti	tution Name	е					
NCI Institution Code	FW/	A Number						
Is this Institution a participating memb	er of a	of a CCOP? Yes/No		Name of CCO				
Is this Institution a participating members	er of a	MBCCOP?	Yes	s/No	Name of MBC	COP		
Is this Institution an NCI-designated C	ancer (	Center? Ye	es/No	)				
2. Investigator Information								
Investigator Name First				Last				
Cooperative Group Affiliations (please (ACOSOG□, CALGB□, COG□, EC								
NCI Investigator Number			Ema	ail Address				
Telephone Number ( ) -			Extension					
Street Address								
Street Address #2								
City		State				Zip		
<b>Investigator Institution Information</b>	Insti	tution Name	е					
NCI Institution Code	FW/	A Number						
Is this Institution a participating memb	er of a	CCOP? Ye	es/No	)	Name of CCO			
Is this Institution a participating member of a MBCCOP? Yes/No Name of MBCCOP								
Is this Institution an NCI-designated Cancer Center? Yes/No								

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3. Investigator Information							
Investigator Name First Last							
Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB, COG, ECOG, BOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)							
NCI Investigator Number Email Address							
Telephone Number ( ) - Extension							
Street Address		•					
Street Address #2							
City	State				Zip		
Investigator Institution Information	Institution Nam	ne					
NCI Institution Code	FWA Number						
Is this Institution a participating member	of a CCOP? Y	es/No	)	Name of CCOP			
Is this Institution a participating member	of a MBCCOP?	? Yes	s/No	Name of MBC	COP		
Is this Institution an NCI-designated Car	ncer Center? Y	es/No	)				
4. Investigator Information							
Investigator Name First			Last				
Cooperative Group Affiliations (please s (ACOSOG□, CALGB□, COG□, ECO							
NCI Investigator Number		Ema	ail Address		,		
Telephone Number ( ) -		Extension					
Street Address							
Street Address #2							
City State Zip					Zip		
Investigator Institution Information	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							

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Is this Institution an NCI-designated Cancer Center? Yes/No

5. Investigator Information							
Investigator Name First Last							
Cooperative Group Affiliations (please s (ACOSOG□, CALGB□, COG□, ECO							
NCI Investigator Number Email Address							
Telephone Number ( ) - Extension							
Street Address							
Street Address #2							
City	State			Zip			
Investigator Institution Information	Institution Nam	ne					
NCI Institution Code	FWA Number						
Is this Institution a participating member	er of a CCOP? Yes/No Name of CCOP		P				
Is this Institution a participating member	of a MBCCOP?	? Yes/No	Name of MBC	COP			
Is this Institution an NCI-designated Car	ncer Center? Y	es/No					
6. Investigator Information		<u>.</u>					
Investigator Name First		Last					
Cooperative Group Affiliations (please s (ACOSOG□, CALGB□, COG□, ECO							
NCI Investigator Number		Email Address					
Telephone Number ( ) -		Extension					
Street Address							
Street Address #2							
City	State			Zip			
Investigator Institution Information	Institution Nam	ne					
NCI Institution Code	FWA Number						
Is this Institution a participating member	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							

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7. Investigator Information					
Investigator Name First Last					
	Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG□, CALGB□, COG□, ECOG□, GOG□, NCCTG□, NCIC CTG□, NSABP□, RTOG□, SWOG□)				
NCI Investigator Number		Email Address			
Telephone Number ( ) -		Extension			
Street Address					
Street Address #2					
City	State			Zip	
Investigator Institution Information	Institution Nam	ne			
NCI Institution Code	FWA Number				
Is this Institution a participating member	of a CCOP? Y	of a CCOP? Yes/No N		P	
Is this Institution a participating member	of a MBCCOP?	? Yes/No	Name of MBC	COP	
Is this Institution an NCI-designated Car	ncer Center? Y	es/No			
8. Investigator Information		<u></u>			
Investigator Name   First		Last			
Cooperative Group Affiliations (please s (ACOSOG□, CALGB□, COG□, ECO					
NCI Investigator Number		Email Address		,	
Telephone Number ( ) -		Extension			
Street Address		•			
Street Address #2					
City	State			Zip	
Investigator Institution Information	Institution Nam	ne			
NCI Institution Code	FWA Number				
Is this Institution a participating member of a CCOP? Yes/No			/No Name of CCOP		
Is this Institution a participating member	of a MBCCOP?	? Yes/No	Name of MBC	COP	
Is this Institution an NCI-designated Cancer Center? Yes/No					

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9. Investigator Information					
Investigator Name First	Last	Last			
Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB, COG, ECOG, GOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)					
NCI Investigator Number Email Address					
Telephone Number ( ) - Extension					
Street Address					
Street Address #2					
City	State			Zip	
Investigator Institution Information	Institution Nam	ie			
NCI Institution Code	FWA Number				
Is this Institution a participating member	of a CCOP? Y	es/No	Name of CCOP		
Is this Institution a participating member	of a MBCCOP?	? Yes/No	Name of MBC	COP	
Is this Institution an NCI-designated Car	ncer Center? Y	es/No			
10. Investigator Information					
Investigator Name First		Last			
Cooperative Group Affiliations (please s (ACOSOG□, CALGB□, COG□, ECO					
NCI Investigator Number		Email Address	Email Address		
Telephone Number ( ) -		Extension			
Street Address					
Street Address #2					
City State Zip				Zip	
Investigator Institution Information	tigator Institution Information Institution Name				
NCI Institution Code FWA Number					
Is this Institution a participating member	of a CCOP? Y	es/No	Name of CCOI	P	
Is this Institution a participating member of a MBCCOP? Yes/No Name of MBCCOP					

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Is this Institution an NCI-designated Cancer Center? Yes/No

Goddin in invocagator information						
11. Investigator Information						
Investigator Name First			Last			
Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB , COG , ECOG , GOG , NCCTG , NCIC CTG , NSABP , RTOG , SWOG )						
NCI Investigator Number Email Address						
Telephone Number ( ) -		Ext	ension			
Street Address						
Street Address #2						
City	State				Zip	
Investigator Institution Information	Institution Nan	ne				
NCI Institution Code	FWA Number					
Is this Institution a participating member	r of a CCOP? Y	es/No	)	Name of CCOI	)	
Is this Institution a participating member	r of a MBCCOP	? Yes	s/No	Name of MBC	COP	
Is this Institution an NCI-designated Ca	ncer Center? Y	es/No	)			
12. Investigator Information			1			
Investigator Name First			Last			
Cooperative Group Affiliations (please s (ACOSOG□, CALGB□, COG□, ECC	select <i>all</i> Coope )G□, GOG□, l	rative NCCT	Groups with wh G□, NCIC CTC	nich this Investig $ ∃ $ $ \Box$	ator is affiliated) RTOG□, SWOG□)	
NCI Investigator Number		Em	ail Address			
Telephone Number ( ) -		Ext	ension			
Street Address						
Street Address #2						
City State Zip			Zip			
Investigator Institution Information	Institution Nan	ne				
NCI Institution Code	FWA Number					
Is this Institution a participating member of a CCOP? Yes/No			0	Name of CCOP		
Is this Institution a participating member	r of a MBCCOP	? Yes	s/No	Name of MBC	COP	
Is this Institution an NCI-designated Cancer Center? Yes/No						

All Investigators from your Institution involved in Cooperative Group trials should be listed. If you need to add more Investigators, please email the CIRB Help Desk at <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.

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# **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 (<a href="www.ncicirb.org">www.ncicirb.org</a>). 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 Addre	Email Address				
Telephone Number ( )	- E	Extension				
Institution Name						
Street Address						
Street Address #2						
City		State Zip				
2. Research Staff Name	First		Last			
Title/Role	Email Addre	ess				
Telephone Number ( )	- E	xtension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
3. Research Staff Name	First	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 Addre	ess				
Telephone Number ( )	- E	xtension				
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					

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# NCI CIRB Institution Enrollment Worksheet Section A: Research Staff Information

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

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#### NCI CIRB Institution Enrollment Worksheet Section A: Research Staff Information

11. Research Staff Name	First		Last			
Title/Role	Email Addre	Email Address				
Telephone Number ( )	- Ex	tension				
Institution Name						
Street Address						
Street Address #2						
City		State Zip				
12. Research Staff Name	First		Last			
Title/Role	Email Addre	ss				
Telephone Number ( )	- Ex	tension				
Institution Name						
Street Address						
Street Address #2						
City	State Zip					
13. Research Staff Name	First	First Last				
Title/Role	Email Addre	Email Address				
Telephone Number ( )	- Extension					
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
14. Research Staff Name	First		Last			
Title/Role	Email Addre	ss				
Telephone Number ( )	- Ex	tension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
15. Research Staff Name	First	First Last				
Title/Role	Email Address					
Telephone Number ( )	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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.

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# 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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> 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

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# 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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.

All Investigators and Research Staff will receive access to the Participant's Area of the CIRB website (<a href="www.ncicirb.org">www.ncicirb.org</a>). 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 C Oncology Program (CCOP)? (Yes/No)	Clinical		Name of CCOP			
Does this IRB serve as the IRB of Record for a participal institution (Yes/No)?	ating CC	OP	Nan	ne of CCOP		
Is this IRB the IRB of Record for an entire for a Minority Community Clinical Oncology Program (MBCCOP)? (Y			Nan	ne of MBCCOP		
Does this IRB serve as the IRB of Record for a participal institution? (Yes/No)	ating MB	CCOP	Nan	ne of MBCCOP		
Does this IRB serve as the IRB of record for an NCI-des 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? Y	es/No			Name of CCOP		
Is this Institution a participating member of a MBCCOP?	)	Name of MBCCOP				
Is this Institution an NCI-designated Cancer Center? Y	es/No					
IRB Contact Information						
IRB Contact Person Name First						
Email Address						
Telephone Number ( ) - Exte	nsion					

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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 selec (ACOSOG□, CALGB□, COG□, ECOG□					
NCI Investigator Number		Email Address			
Telephone Number ( ) -		Extension			
Street Address					
Street Address #2					
City	State	State Zip			
1. Investigator Institution Information	Institution	Name			
NCI Institution Code FWA Number					
Is this Institution a participating member of a	CCOP? Y	es/No	Name of CCOF	0	
Is this Institution a participating member of a	MBCCOP?	Yes/No	Name of MBC0	COP	
Is this Institution an NCI-designated Cancer	Center? Ye	es/No			
2. Investigator Information					
Investigator Name First		Last			
Cooperative Group Affiliations (please selec (ACOSOG□, CALGB□, COG□, ECOG□					
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 Numbe	r		
Is this Institution a participating member of a	CCOP? Y	es/No	Name of CCOF		
Is this Institution a participating member of a	MBCCOP?	Yes/No	Name of MBC0	COP	
Is this Institution an NCI-designated Cancer	Center? Ye	es/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 , CALGB, COG, ECOG, GOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)					
NCI Investigator Number		Email Address			
Telephone Number ( ) -		Extension			
Street Address					
Street Address #2					
City State Zip				Zip	
3. Investigator Institution Information	Institution	Name			
NCI Institution Code FWA Number					
Is this Institution a participating member of a	CCOP? Y	es/No	Name of CCOF	)	
Is this Institution a participating member of a	MBCCOP?	Yes/No	Name of MBC	COP	
Is this Institution an NCI-designated Cancer Center? Yes/No					

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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 Addr	Email Address				
Telephone Number ( )	- E	Exte	ension			
Institution Name						
Street Address	Street Address					
Street Address #2						
City			State		Zip	
2. Research Staff Name	First			Last		
Title/Role	Email Addr	ress	3			
Telephone Number ( )	- E	Exte	ension			
Institution Name						
Street Address						
Street Address #2						
City			State		Zip	
3. Research Staff Name	First	irst Last				
Title/Role	Email Addr	ess	3			
Telephone Number ( )	- Extension					
Institution Name						
Street Address						
Street Address #2						
City			State		Zip	
4. Research Staff Name	First			Last		
Title/Role	Email Addr	ess	3			
Telephone Number ( )	- E	Exte	ension			
Institution Name						
Street Address						
Street Address #2						
City			State		Zip	
5. Research Staff Name	First			Last		
Title/Role	Email Addr	ess	3			
Telephone Number ( )	- E	Exte	ension			
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.

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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 Concology Program (CCOP)? (Yes/No)		Na	Name of CCOP			
Does this IRB serve as the IRB of Record for a participal institution (Yes/No)?		Na	me of CCOP			
Is this IRB the IRB of Record for an entire for a Minority Community Clinical Oncology Program (MBCCOP)? (		Na	me of MBCCOP			
Does this IRB serve as the IRB of Record for a participal institution? (Yes/No)	ating MBCCO	Na	me of MBCCOP			
Does this IRB serve as the IRB of record for an NCI-de Cancer Center? (Yes/No)	Na	me 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		FV	FWA Number			
Street Address						
Street Address #2						
City	State		Zip			
Is this Institution a participating member of a CCOP? Y	es/No		Name of CCOP			
Is this Institution a participating member of a MBCCOP		Name of MBCCOP				
Is this Institution an NCI-designated Cancer Center? Yes/No						
IRB Contact Information						
IRB Contact Person Name First						
Email Address						
Telephone Number ( ) - Exte	ension					

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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 selec (ACOSOG□, CALGB□, COG□, ECOG□					
NCI Investigator Number		Email Address			
Telephone Number ( ) -		Extension			
Street Address					
Street Address #2					
City	State	State Zip			
1. Investigator Institution Information	Institution	Name			
NCI Institution Code FWA Number					
Is this Institution a participating member of a	CCOP? Y	es/No	Name of CCOF		
Is this Institution a participating member of a	MBCCOP?	Yes/No	Name of MBC0	COP	
Is this Institution an NCI-designated Cancer	Center? Ye	es/No			
2. Investigator Information					
Investigator Name First		Last			
Cooperative Group Affiliations (please select all Cooperative Groups with which this Investigator is affiliated)  (ACOSOG , CALGB , COG , ECOG , GOG , NCCTG , NCIC CTG , NSABP , RTOG , SWOG )					
NCI Investigator Number		Email Address	ail Address		
Telephone Number ( ) - Extension					
Street Address					
Street Address #2					
City	State			Zip	
2. Investigator Institution Information	Institution	Name			
NCI Institution Code		FWA Numbe	er		
Is this Institution a participating member of a	CCOP? Y	es/No	Name of CCOF		
Is this Institution a participating member of a	MBCCOP?	Yes/No	Name of MBC0	COP	
Is this Institution an NCI-designated Cancer	Center? Ye	es/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 , CALGB, COG, ECOG, GOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)					
NCI Investigator Number		Email Address			
Telephone Number ( ) -		Extension			
Street Address					
Street Address #2					
City State Zip				Zip	
3. Investigator Institution Information Institution Name					
NCI Institution Code FWA Number					
Is this Institution a participating member of a	CCOP? Y	es/No	Name of CCOF		
Is this Institution a participating member of a	MBCCOP?	Yes/No	Name of MBC0	COP	
Is this Institution an NCI-designated Cancer Center? Yes/No					

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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 ( )	- E	xtension				
Institution Name						
Street Address						
Street Address #2	2					
City		State Zip				
2. Research Staff Name	First		Last			
Title/Role	Email Addre	ess				
Telephone Number ( )	- E	xtension				
Institution Name						
Street Address						
Street Address #2						
City		State Zip				
3. Research Staff Name	First	Last				
Title/Role	Email Addre	Email Address				
Telephone Number ( )	- E	Extension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
4. Research Staff Name	First		Last			
Title/Role	Email Addre	ess				
Telephone Number ( )	- E	xtension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
5. Research Staff Name	First		Last			
Title/Role	Email Addre	ess				
Telephone Number ( )	- E	xtension				
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.

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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 (Oncology Program (CCOP)? (Yes/No)		Name of CCOP		
Does this IRB serve as the IRB of Record for a participal institution (Yes/No)?		Name of CCOP		
Is this IRB the IRB of Record for an entire for a Minority Community Clinical Oncology Program (MBCCOP)? (	Yes/No)	Nan	ne of MBCCOP	
Does this IRB serve as the IRB of Record for a participal institution? (Yes/No)	ating MBCCOP	Nan	ne of MBCCOP	
Does this IRB serve as the IRB of record for an NCI-de Cancer Center? (Yes/No)	signated	Nan	ne 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? Y	'es/No		Name of CCOP	
Is this Institution a participating member of a MBCCOP	Name of MBCCOP			
Is this Institution an NCI-designated Cancer Center? Y	'es/No			
IRB Contact Information				
IRB Contact Person Name First	Last			
Email Address				
Telephone Number ( ) - Exte	ension			

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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	Investigator Name First Last					
Cooperative Group Affiliations (please selection (ACOSOG□, CALGB□, COG□, ECOG□						
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 Numbe	er			
Is this Institution a participating member of a	CCOP? Y	es/No	Name of CCOI	)		
Is this Institution a participating member of a	MBCCOP?	? Yes/No	Name of MBC	COP		
Is this Institution an NCI-designated Cancer	Center? Ye	es/No				
2. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please selection (ACOSOG□, CALGB□, COG□, ECOG□	t <i>all</i> Cooper , GOG⊟, N	rative Groups with wl	nich this Investig G□, NSABP□,	ator is affiliated) RTOG□, SWOG□)		
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 Numbe	er			
Is this Institution a participating member of a	CCOP? Y	'es/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? You	es/No				
3. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please selection (ACOSOG□, CALGB□, COG□, ECOG□						
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 Numbe	er			
Is this Institution a participating member of a	CCOP? Y	es/No	Name of CCOI	<b>D</b>		
Is this Institution a participating member of a	MBCCOP?	? Yes/No	Name of MBC	COP		
Is this Institution an NCI-designated Cancer Center? Yes/No						

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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 Addı	Email Address				
Telephone Number ( )	- E	Exte	ension			
Institution Name	Institution Name					
Street Address						
Street Address #2						
City		State Zip				
2. Research Staff Name	First			Last		
Title/Role	Email Addr	ress	5			
Telephone Number ( )	- E	Exte	ension			
Institution Name						
Street Address						
Street Address #2						
City		State Zip			Zip	
3. Research Staff Name	First	st Last				
Title/Role	Email Addr	Email Address				
Telephone Number ( )	- E	Extension				
Institution Name						
Street Address						
Street Address #2						
City			State		Zip	
4. Research Staff Name	First			Last		
Title/Role	Email Addı	ress	3			
Telephone Number ( )	- E	Exte	ension			
Institution Name						
Street Address						
Street Address #2						
City			State		Zip	
5. Research Staff Name	First			Last		
Title/Role	Email Addı	ress	3			
Telephone Number ( )	- E	Exte	ension			
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.

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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 Oncology Program (CCOP)? (Yes/No)		Name of CCOP		
Does this IRB serve as the IRB of Record for a partici institution?	-		ne of CCOP	
Is this IRB the IRB of Record for an entire for a Minori Community Clinical Oncology Program (MBCCOP)?		Nar	me of MBCCOP	
Does this IRB serve as the IRB of Record for a partici institution? (Yes/No)	pating MBCCOP	Nar	me of MBCCOP	
Does this IRB serve as the IRB of record for an NCI-d Cancer Center? (Yes/No)	esignated	Nar	ne 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		FW.	A 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 MBCCOI	Name of MBCCOP			
Is this Institution an NCI-designated Cancer Center? Yes/No				
IRB Contact Information	_			
IRB Contact Person Name First	Last			
Email Address	<b>,</b>			
Telephone Number ( ) -	Extension			

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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	1. Investigator Information					
Investigator Name First	Investigator Name First Last					
Cooperative Group Affiliations (please selec (ACOSOG□, CALGB□, COG□, ECOG□						
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 Numbe	Pr			
Is this Institution a participating member of a	CCOP? Y	es/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? Ye	es/No				
Investigator # 2 Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please selec (ACOSOG□, CALGB□, COG□, ECOG□						
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 Numbe	er			
Is this Institution a participating member of a	CCOP? Y	es/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? Ye	es/No				
2. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please selec (ACOSOG□, CALGB□, COG□, ECOG□	t <i>all</i> Cooper , GOG□, N	ative Groups with wl ICCTG□, NCIC CT0	hich this Investigator is affiliated) G□, NSABP□, RTOG□, SWOG□)			
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 Numbe	er			
Is this Institution a participating member of a	CCOP? Y	es/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						

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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 Addr	Email Address				
Telephone Number ( )	- E	xtension				
Institution Name						
Street Address						
Street Address #2	et Address #2					
City		State Zip				
2. Research Staff Name	First		Last			
Title/Role	Email Addr	ess				
Telephone Number ( )	- E	xtension				
Institution Name						
Street Address						
Street Address #2						
City		State Zip				
3. Research Staff Name	First	st Last				
Title/Role	Email Addr	Email Address				
Telephone Number ( )	- E	Extension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
4. Research Staff Name	First		Last			
Title/Role	Email Addr	ess				
Telephone Number ( )	- E	xtension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
5. Research Staff Name	First		Last			
Title/Role	Email Addr	ess				
Telephone Number ( )	- E	xtension				
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.

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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 C Oncology Program (CCOP)? (Yes/No)		Name of CCOP		
Does this IRB serve as the IRB of Record for a participal institution? (Yes/No)	-		ne of CCOP	
Is this IRB the IRB of Record for an entire for a Minority Community Clinical Oncology Program (MBCCOP)? (Y		Nan	ne of MBCCOP	
Does this IRB serve as the IRB of Record for a participal institution? (Yes/No)	ating MBCCOP	Nan	ne of MBCCOP	
Does this IRB serve as the IRB of record for an NCI-des Cancer Center? (Yes/No)	signated	Nam	ne 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? Y	es/No		Name of CCOP	
Is this Institution a participating member of a MBCCOP?	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 ( ) - Exte	nsion			

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

		1 /			
1. Investigator Information			<del></del>		
Investigat or Name First		Last			
Cooperative Group Affiliations (please selection (ACOSOG□, CALGB□, COG□, ECOG□					
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 Numbe	- )T		
Is this Institution a participating member of a	CCOP? Yo	es/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? Ye	es/No			
2. Investigator Information					
Investigator Name First		Last			
Cooperative Group Affiliations (please selection (ACOSOG□, CALGB□, COG□, ECOG□	t <i>all</i> Coopera , GOG□, N	ative Groups with wl NCCTG□, NCIC CT0	nich this Investigator is affiliated) G□, NSABP□, RTOG□, SWOG□)		
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 Numbe	şr		
Is this Institution a participating member of a	CCOP? Y	es/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? Ye	es/No			
3. Investigator Information					
Investigator Name First		Last			
Cooperative Group Affiliations (please selection (ACOSOG□, CALGB□, COG□, ECOG□					
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 Numbe	er er		
Is this Institution a participating member of a	CCOP? Y	es/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					

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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 Addre	Email Address				
Telephone Number ( )	- E	ktension				
Institution Name	nstitution Name					
Street Address						
Street Address #2						
City		State Zip				
2. Research Staff Name	First		Last			
Title/Role	Email Addre	SS				
Telephone Number ( )	- E	ktension				
Institution Name						
Street Address						
Street Address #2						
City		State Zip				
3. Research Staff Name	First	irst Last				
Title/Role	Email Addre	Email Address				
Telephone Number ( )	- E	Extension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
4. Research Staff Name	First		Last			
Title/Role	Email Addre	SS				
Telephone Number ( )	- E	ktension				
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.

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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)

# 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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a>.

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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form

All Investigators and Research Staff will receive access to the Participant's Area of the CIRB website (<a href="www.ncicirb.org">www.ncicirb.org</a>). 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 NC				Institution	Code		
Street Address							
Street Address #2							
City State			State		Zip		
Is this Institution a partici	pating member of a (	CCOP? Yes	/No	Name of CCOP			
Is this Institution a participating member of a MBCCOP? Yes/No			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					

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

	Last				
Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB, COG, ECOG, GOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)					
	Email Address				
	Extension				
State		Zip			
	Last				
		ch this Investigator is affiliated) □, NSABP□, RTOG□, SWOG□)			
	Email Address				
	Extension				
State	Zip				
	Last				
Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB , COG , ECOG , GOG , NCCTG , NCIC CTG , NSABP , RTOG , SWOG )					
	Email Address				
	Extension				
Street Address					
State		Zip			
	State  State  State  State  State  State	ect all Cooperative Groups with whi  GOG NCCTG, NCIC CTG Email Address Extension  State  Last ect all Cooperative Groups with whi  GOG, NCCTG, NCIC CTG Email Address Extension  State  Last ect all Cooperative Groups with whi  Address Extension  State  Last Extension  State  Last Extension  State  Last Extension  Extension			

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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 Add	dress			
Telephone Number ( )	-	Extension			
Institution Name					
Street Address					
Street Address #2					
City		State		Zip	
3. Research Staff Name	First	·	Last		
Title/Role	Email Add	dress			
Telephone Number ( )	-	Extension			
Institution Name					
Street Address					
Street Address #2					
City		State		Zip	
4. Research Staff Name	First	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 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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.					
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> . Thank you.					

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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	NCI Institution Code			
Street Address						
Street Address #2						
City		State		Zip		
Is this Institution a participating member of a	CCOP? Y	es/No	N	Name of CCOP		
Is this Institution a participating member of a	MBCCOP?	Yes/No	N	Name of MBCCOP		
Is this Institution an NCI-designated Cancer	Center? Ye	es/No				
Contact Person Information						
Contact Person Name First			Last			
Email Address						
Telephone Number ( ) -	Extension	n				
1. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please select (ACOSOG□, CALGB□, COG□, ECOG□	Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB , COG , ECOG , GOG , NCCTG , NCIC CTG , NSABP , RTOG , SWOG )					
NCI Investigator Number		Email Addr	ess			
Telephone Number ( ) -	Extension					
Street Address	Street Address					
Street Address #2						
City State Zip				Zip		
2. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please select (ACOSOG□, CALGB□, COG□, ECOG□						
NCI Investigator Number		Email Addr	ess			
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 , CALGB, COG, ECOG, ECOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)						
NCI Investigator Number Email Address						
Telephone Number ( ) -			Extension			
Street Address						
Street Address #2						
City	State			Zin		

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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 ( )	- E	Extension			
Institution Name	Institution Name				
Street Address					
Street Address #2					
City		State		Zip	
2. Research Staff Name	First		Last		
Title/Role	Email Addr	ress			
Telephone Number ( )	- E	Extension			
Institution Name					
Street Address					
Street Address #2					
City		State		Zip	
3. Research Staff Name	First	•	Last		
Title/Role	Email Addr	ess			
Telephone Number ( )	- E	Extension			
Institution Name					
Street Address					
Street Address #2					
City	State Zip				
4. Research Staff Name	First Last				
Title/Role	Email Addr	Email Address			
Telephone Number ( )	- E	Extension			
Institution Name					
Street Address					
Street Address #2					
City		State		Zip	
5. Research Staff Name	First		Last		
Title/Role	Email Address				
Telephone Number ( )	e Number( ) - Extension				
Institution Name					
Street Address					
Street Address #2					
City		State		Zip	
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.					
If there are no other Institutions relying on an IRB at your institution, you have completed this form. Please review and return					

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the completed worksheet to the CIRB Operations Office via email to <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a>. Thank you.

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	NCI Institution Code			
Street Address						
Street Address #2						
City		State		Zip		
Is this Institution a participating member of a	CCOP? Y	es/No	N	Name of CCOP		
Is this Institution a participating member of a	MBCCOP?	? Yes/No	N	Name of MBCCOP		
Is this Institution an NCI-designated Cancer	Center? Ye	es/No				
Contact Person Information						
Contact Person Name First			Last			
Email Address						
Telephone Number ( ) -	Extensio	n				
1. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please selec (ACOSOG□, CALGB□, COG□, ECOG□	Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB , COG , ECOG , GOG , NCCTG , NCIC CTG , NSABP , RTOG , SWOG )					
NCI Investigator Number		Email Addı	ess			
Telephone Number ( ) -	Extension					
Street Address	Street Address					
Street Address #2						
City	City State Zip					
2. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please selec (ACOSOG□, CALGB□, COG□, ECOG□						
NCI Investigator Number		Email Addı	ess			
Telephone Number ( ) -	Extension					
Street Address						
Street Address #2						
City	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 , CALGB, COG, ECOG, ECOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)						
NCI Investigator Number Email Address						
Telephone Number ( ) -			Extension			
Street Address						
Street Address #2						
City	State	<u> </u>		7in		

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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 Addres	Email Address				
Telephone Number ( )	- Ex	Extension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
2. Research Staff Name	First		Last			
Title/Role	Email Addres	ss				
Telephone Number ( )	- Ex	tension				
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
3. Research Staff Name	First		Last			
Title/Role	Email Addres	ss				
Telephone Number ( )	- Ex	tension				
Institution Name						
Street Address						
Street Address #2						
City	State Zip					
4. Research Staff Name	First	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 ( )	ımber ( ) - Extension					
Institution Name						
Street Address						
Street Address #2						
City		State		Zip		
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.						
If there are no other Institution the completed worksheet to the				form. Please review and return		

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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	NCI Institution Code			
Street Address						
Street Address #2						
City		State		Zip		
Is this Institution a participating member of a	CCOP? Y	es/No	١	Name of CCOP		
Is this Institution a participating member of a	MBCCOP?	Yes/No	١	Name of MBCCOP		
Is this Institution an NCI-designated Cancer	Center? Ye	es/No				
Contact Person Information						
Contact Person Name First			Last			
Email Address						
Telephone Number ( ) -	Extension	n				
	•					
1. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please select (ACOSOG□, CALGB□, COG□, ECOG□	Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB , COG , ECOG , GOG , NCCTG , NCIC CTG , NSABP , RTOG , SWOG )					
NCI Investigator Number		Email Addr	ess			
Telephone Number ( ) -	Extension					
Street Address						
Street Address #2						
City	City State Zip					
2. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please select (ACOSOG□, CALGB□, COG□, ECOG□						
NCI Investigator Number		Email Addr	ess			
Telephone Number ( ) -	Extension					
Street Address						
Street Address #2						
City	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 , CALGB, COG, ECOG, BCOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)						
NCI Investigator Number Email Address						
Telephone Number ( ) -			Extension			
Street Address						
Street Address #2						
City	State			Zin		

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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 ( )	- Ex	tension			
Institution Name	•				
Street Address					
Street Address #2					
City		State		Zip	
2. Research Staff Name	First		Last		
Title/Role	Email Addres	SS			
Telephone Number ( )	- Ex	tension			
Institution Name					
Street Address					
Street Address #2					
City		State		Zip	
3. Research Staff Name	First		Last		
Title/Role	Email Addres	SS			
Telephone Number ( )	- Ex	tension			
Institution Name					
Street Address					
Street Address #2					
City		State		Zip	
4. Research Staff Name	First		Last		
Title/Role	Email Addres	SS			
Telephone Number ( )	) - Extension				
Institution Name					
Street Address					
Street Address #2					
City		State	T	Zip	
5. Research Staff Name	First		Last		
Title/Role	Email Addres	SS			
Telephone Number ( )	- Ex	tension			
Institution Name					
Street Address					
Street Address #2					
City		State		Zip	
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form.					
If there are no other Institution the completed worksheet to the				form. Please review and return om. Thank you.	

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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	NCI Institution Code			
Street Address						
Street Address #2						
City		State		Zip		
Is this Institution a participating member of a	CCOP? Ye	es/No	١	lame of CCOP		
Is this Institution a participating member of a	MBCCOP?	Yes/No	١	Name of MBCCOP		
Is this Institution an NCI-designated Cancer	Center? Ye	es/No				
Contact Person Information						
Contact Person Name First			Last			
Email Address						
Telephone Number ( ) -	Extension	n				
1. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG , CALGB , COG , ECOG , GOG , NCCTG , NCIC CTG , NSABP , RTOG , SWOG )						
NCI Investigator Number	Email Addr	ess				
Telephone Number ( ) -	Extension					
Street Address	Street Address					
Street Address #2						
City	City State Zip					
2. Investigator Information						
Investigator Name First		Last				
Cooperative Group Affiliations (please select (ACOSOG□, CALGB□, COG□, ECOG□						
NCI Investigator Number		Email Addr	Email Address			
Telephone Number ( ) -		Extension				
Street Address						
Street Address #2						
City	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 , CALGB, COG, ECOG, ECOG, NCCTG, NCIC CTG, NSABP, RTOG, SWOG)						
NCI Investigator Number Email Address						
Telephone Number ( ) -	Extension	Extension				
Street Address						
Street Address #2						
City	State			Zin		

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# 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	Institution Name					
Street Address						
Street Address #2						
City			State		Zip	
2. Research Staff Name	First			Last		
Title/Role	Email Ad	dres	S			
Telephone Number ( )	-	Ext	ension			
Institution Name						
Street Address						
Street Address #2						
City			State		Zip	
3. Research Staff Name	First			Last		
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Telephone Number ( )	-	Ext	ension			
Institution Name						
Street Address						
Street Address #2						
City		State Zip				
4. Research Staff Name	First	First Last				
Title/Role	Email Ad	Email Address				
Telephone Number ( )	-	Ext	ension			
Institution Name	•					
Street Address						
Street Address #2						
City			State		Zip	
5. Research Staff Name	First			Last		
Title/Role	Email Ad	Email Address				
Telephone Number ( )	- Extension					
Institution Name						
Street Address						
Street Address #2						
City	State Zip					
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 <a href="mailto:ncicirbcontact@emmes.com">ncicirbcontact@emmes.com</a> for the appropriate form						
If there are no other Institution					orm. Please review and return	

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