


Public reporting burden for this collection of information is estimated to average 5 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.

Filling out PDF Forms

This PDF form contains “**roll-over** or **double-click**” help functionality.

This form allows you to enter data directly onto the screen. After completing the form, you are able to print the document so that you can fax/mail the document.

To fill out a form:

1. Select the hand tool. 
2. Position the pointer inside a field, and click to type text.
3. After entering text or selecting a check box, do one of the following:
 - Press tab to accept the form field change and go to the next form field.
 - Press Shift+Tab to accept the form field change and go to the previous form field.
 - Press Enter (Windows) or Return (Mac OS) to accept the form field change and deselect the current form field.
4. Once completed, print the form.

<p>Cancer Trials Support Unit</p> <p><i>Acknowledgment Form</i> <i>(for sites utilizing the NCI CIRB)</i></p>	<p><i>Email, Mail or Fax to:</i> Cancer Trials Support Unit (CTSU) ATTN: Coalition of Cancer Cooperative Groups (CCCG) Suite1100 1818 Market Street Philadelphia, PA 19103 FAX: 1-215-569-0206 CTSUSupport@ctsucoccg.org</p>
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This form is **NOT** an IRB approval document. The form does **NOT** require an IRB approval nor IRB signature, but may be completed by the **local site research personnel**. By signing this form, you are informing the CTSU that each site listed below is currently covered by the NCI CIRB and that the CTSU should enter either a **continuing renewal** or **amendment** approval for the site(s) & protocol identified.

1) Protocol #:	2) Protocol Version Date (Required for Amendments Only): ____/____/_____ m m d d y y y y		
3) Institution Name <i>(List all institutions covered by IRB approval that will conduct this study. Attach complete list if necessary.)</i>	4) NCI Institution Code	5 & 5a) OHRP Federalwide Assurance Number FWA FWA Expiration Date (mm/dd/yyyy)	
<i>Ex: University of State</i>	ALXXX	FWA00000123	03/01/2006

6) Principal Investigator:	7) NCI Investigator #:
8) Approval Type: Amendment <input type="checkbox"/> Renewal <input type="checkbox"/>	9) OHRP IRB Registration Number (for the NCI CIRB): IRB00000781

10) Comments:

**The person signing below certifies that the information provided above is correct.
Questions #1 through #9 must be completed for this form to be accepted.**

11) Name of Person Signing Form:	12) Site Role:
13) Title (if applicable):	14) Phone Number: (____) _____ - _____
15) Signature:	16) Date: ____/____/_____ m m d d y y y y