

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.

**Cancer Trials Support Unit*****Acknowledgment Form***  
***(for sites utilizing the NCI CIRB)***

**Email, Mail or Fax to:**  
 Cancer Trials Support Unit (CTSU)  
 ATTN: Coalition of Cancer Cooperative Groups (CCCG)  
 Suite1100  
 1818 Market Street  
 Philadelphia, PA 19103  
 FAX: 1-215-569-0206  
[CTSUSRegulatory@tsu.cccg.org](mailto:CTSUSRegulatory@tsu.cccg.org)

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 <b>(Required for Amendments Only):</b> ____/____/____ 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):  <b>IRB00000781</b>	
10) Comments:			
<p align="center"><b>The person signing below certifies that the information provided above is correct.</b>  <b>Questions #1 through #9 must be completed for this form to be accepted.</b></p>			
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	