Investigator at Affiliate Institution With an IRB

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

OMB#: 0925 – 0625

Expiry Date: 01/31/2014

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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 (0925-0625). Do not return the completed form to this address.

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| Contact information for Investigators at each affiliated institution is required.Please provide the CIRB with their contact information so they may receive study-related correspondence from the CIRB.Usernames and passwords for the Participant’s Area of the Website will be sent via email to those listed below. | | | | | | | |
| Add  Revise | | | | | | | |
| **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 | | | |
| Telephone Number (   )   - | | | | Extension | | | |
| Street Address | | | | | | | |
| Street Address #2 | | | | | | | |
| City | | | State | | | | Zip |
| **Investigator 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 | |
| Is this Institution an NCI-designated Cancer Center? Yes/No | | | | | | | |

**Remove Investigator(s)**

NOTE: The individuals listed below will no longer receive study-related correspondence from the CIRB and will have their usernames and passwords revoked.

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| First Name | Last Name | NCI Investigator Number | Institution Name |
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*(Internal use only)*

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