National Cancer Institute
Central IRB Initiative

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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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.

First Name	Last Name	NCI Investigator Number	Institution Name

(Internal use only)

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Site GUID	
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