NCI ADULT CIRB

REVIEWER WORKSHEET

Continuing Review of Cooperative Group Protocol

STUDY ID:

STUDY TITLE:

PROTOCOL VERSION DATE:

NAME OF CIRB REVIEWER:

DATE COMPLETED:

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1. I have reviewed the following documents (check all that apply):

- ☐ NCI Adult/Pediatric CIRB Application for Continuing Review
- ☐ Study Protocol
- ☐ Cooperative Group Model Informed Consent Document(s)
- ☐ CIRB Approved Informed Consent Document(s)
- ☐ DSMB/Safety Monitoring Committee Report
- ☐ Presentations or publications for the study
- ☐ Relevant information relating to participants' risks and benefits
- ☐ Management plan to address new or revised conflicts of interest
- ☐ Other (specify):

2. Are there any important changes in the risks, benefits, or protocol schedule that you believe have an impact on the CIRB's approval of this protocol?

- ☐ Yes, please explain:
- ☐ No

3. In your judgment, do the benefits of this study continue to outweigh the risks?

- ☐ Yes, please explain:
- ☐ No, explain:
- ☐ Uncertain, explain:

4. Do you recommend that the CIRB approve continuation of this study?

- ☐ Yes
- ☐ No, explain:
- ☐ Uncertain, explain:

5. Additional Remarks.