



National Cancer Institute
Central IRB Initiative

Institutional Contact for Signatory Institution
(All contact forms must be submitted by the local IRB of the signatory institution.)

OMB#: 0925 – 0625
Expiry Date: 01/31/2014

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of your participation in the NCI CIRB is protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the NCI CIRB at any time. Refusal to participate will not affect your benefits in any way. The information collected will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the NCI CIRB. Information provided will be combined for all participants and reported as summaries. You are being requested to complete this instrument so that we can conduct activities involved with the operations of NCI CIRB Initiative.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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.

Please provide contact information for new Institutional Contact for your signatory institution that reviews Cooperative Group studies approved by the CIRB and should 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**

Institutional Contact Information

Institution Name

Person Name	First	Last
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Title/Role Institutional Contact* <i>*(Click inside the grey box to select the appropriate role)</i>	Email Address
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Telephone Number () -	Extension
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Street Address

Street Address #2

City	State	Zip
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Remove Institutional Contact

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	Role

(Internal use only)

Site GUID	
TABLE	SCO