4 - Study Closure or Transfer of Study Review Resp. -- General Information

OMB Text

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.*

Signatory Institution Information

View Audit

Submitting User Information

Walter, Jay PhD

Email: jwalter@emmes1.com **Business Phone:** (215)707-3390

View Audit

Name of Signatory Institution

Test University
12 Street
Ste. 304
Anyplace, CA, 21701

Study-Specific Information

Add Note

Enter the Study ID Number.

Add Note

Enter current Principal Investigator email address.

(Required)

Study Closure or Transfer of Study IRB Review Responsibility

Add Note

Which action are you requesting for this study?

(Required)

- ( ) Study Closure
- ( ) Transfer of Study IRB Review Responsibility from the CIRB to another IRB

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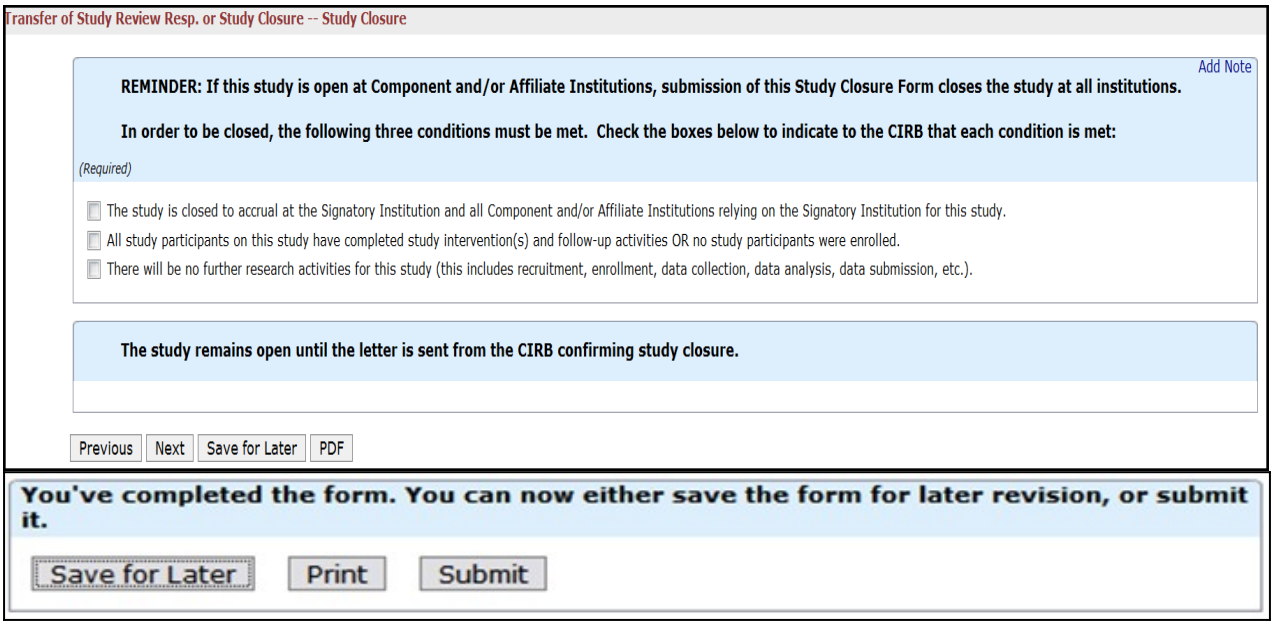
Transfer of Study Review Resp. or Study Closure -- Study Closure
Add Note
REMINDER: If this study is open at Component and/or Affiliate Institutions, submission of this Study Closure Form closes the study at all institutions.
In order to be closed, the following three conditions must be met. Check the boxes below to indicate to the CIRB that each condition is met:
(Required)
The study is closed to accrual at the Signatory Institution and all Component and/or Affiliate Institutions relying on the Signatory Institution for this study.
All study participants on this study have completed study intervention(s) and follow-up activities OR no study participants were enrolled.
There will be no further research activities for this study (this includes recruitment, enrollment, data collection, data analysis, data submission, etc.).
The study remains open until the letter is sent from the CIRB confirming study closure.
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You've completed the form. You can now either save the form for later revision, or submit it.
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STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized under 42 USC 285a. Your participation is completely voluntary. You are subject to no penalty if you choose not to provide all or any part of the requested information. Data collected as part of the NCI CIRB review will be kept secure to the extent provided by law. Under the provisions of Section 301d of the Public Health Service Act, no information that could permit identification of a participating individual may be released. All such information will be held in confidence and will be presented only in statistical or summary form.

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Study Closure or Transfer of Study IRB Review Responsibility

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- ( ) Transfer of Study IRB Review Responsibility from the CIRB to another IRB

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Transfer of Study IRB Review Responsibility from the CIRB to Another IRB

To transfer study review responsibility, the IRB accepting review must have approved the study before transfer so there is no lapse in IRB oversight of the study. Provide a copy of the full board IRB approval letter for this study.

Attach the IRB approval letter here.

(Required)

Add Attachment
No Attachments added.

The study remains open until the letter is sent from the CIRB confirming the transfer of study IRB review responsibilities from the CIRB to the other IRB.

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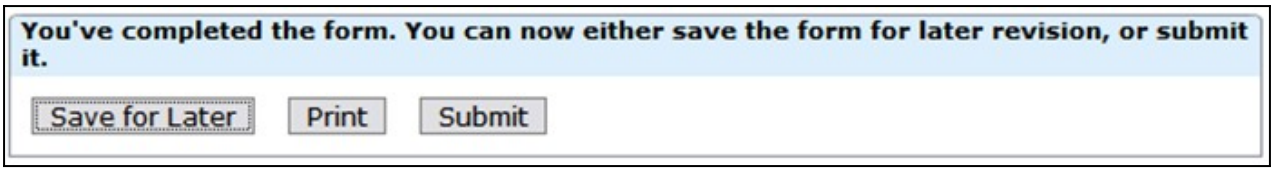
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