



National Cancer Institute  
Central IRB Initiative

## Add or Remove Signatory and/or Component Institution Personnel

**This form must be submitted by the Signatory Institution Primary Contact.**

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.

### Remove Signatory and/or Component Institution Personnel

Provide information below to remove personnel from the Signatory Institution and/or Component Institution(s).

These individuals will no longer have access to the CIRB website or receive study-related correspondence from the CIRB.

First Name	Last Name	NCI Investigator Number / NCI Person ID Number	Role of Person



National Cancer Institute  
Central IRB Initiative

### Add New Signatory and/or Component Institution Personnel Information

Provide the information requested for personnel at the Signatory Institution and/or Component Institutions including: Signatory Institution Principal Investigators (PIs), Sub-Investigators, and Research Staff.

PIs are individuals designated to open studies using the NCI CIRB.

Sub-Investigators and Research Staff are those who have a role in the conduct of studies opened using the CIRB and function under the direction of a specific study's Signatory Institution Principal Investigator. Sub-Investigators and Research Staff will receive access to the CIRB website.

New personnel will receive information about how to access the CIRB Website in a separate email.

Add  Revise

Signatory Institution

Role of Person (PI, Sub-Investigator, Research Staff)

First Name

Last Name

Degree

Title/Role (for Research Staff only)

NCI Investigator Number / NCI Person ID Number

Email Address

Telephone Number ( ) -

Extension

Add  Revise

Signatory Institution

Role of Person (PI, Sub-Investigator, Research Staff)

First Name

Last Name

Degree

Title/Role (for Research Staff only)

NCI Investigator Number / NCI Person ID Number

Email Address

Telephone Number ( ) -

Extension

Add  Revise

Signatory Institution

Role of Person (PI, Sub-Investigator, Research Staff)

First Name

Last Name

Degree

Title/Role (for Research Staff only)

NCI Investigator Number / NCI Person ID Number

Email Address

Telephone Number ( ) -

Extension



National Cancer Institute  
Central IRB Initiative

<input type="checkbox"/> Add <input type="checkbox"/> Revise		
Signatory Institution		
Role of Person (PI, Sub-Investigator, Research Staff)		
First Name	Last Name	Degree
Title/Role (for Research Staff only)		
NCI Investigator Number / NCI Person ID Number	Email Address	
Telephone Number ( ) -	Extension	

<input type="checkbox"/> Add <input type="checkbox"/> Revise		
Signatory Institution		
Role of Person (PI, Sub-Investigator, Research Staff)		
First Name	Last Name	Degree
Title/Role (for Research Staff only)		
NCI Investigator Number / NCI Person ID Number	Email Address	
Telephone Number ( ) -	Extension	

<input type="checkbox"/> Add <input type="checkbox"/> Revise		
Signatory Institution		
Role of Person (PI, Sub-Investigator, Research Staff)		
First Name	Last Name	Degree
Title/Role (for Research Staff only)		
NCI Investigator Number / NCI Person ID Number	Email Address	
Telephone Number ( ) -	Extension	

<input type="checkbox"/> Add <input type="checkbox"/> Revise		
Signatory Institution		
Role of Person (PI, Sub-Investigator, Research Staff)		
First Name	Last Name	Degree
Title/Role (for Research Staff only)		
NCI Investigator Number / NCI Person ID Number	Email Address	
Telephone Number ( ) -	Extension	