OMB#0925-0624
Expiration Date: 12/31/2013

Filling out PDF Forms

This PDF form contains "**roll-over** or **double-click "** help functionality.

This form allows you to enter data directly onto the screen. After completing the form, you are able to print the document so that you can fax/mail the document.

To fill out a form:

1. Select the hand tool.

2. Position the pointer inside a field, and click to type text.

3. After entering text or selecting a check box, do one of the following:

   - Press tab to accept the form field change and go to the next form field.

   - Press Shift+Tab to accept the form field change and go to the previous form field.

   - Press Enter (Windows) or Return (Mac OS) to accept the form field change and deselect the current form field.

4. Once completed, print the form.

Cancer Trials Support Unit

Site Addition Form

(Utilized for the addition of a site to an existing IRB approval)

Email, Mail or Fax to:
Cancer Trials Support Unit (CTSU)
ATTN: Coalition of Cancer Cooperative Groups (CCCG)
Suite1100
1818 Market Street
Philadelphia, PA 19103 FAX: 1-215- 569 - 0206
CTSURegulatory@ctsu.coccg.org

This form can be utilized when an IRB has added an affiliate site to an **existing** IRB approval.

- This form can be submitted in lieu of an IRB approval letter if signed by an IRB signatory.
- If not signed by an IRB signatory, the IRB approval letter must accompany this form.
- If the approval applies to multiple protocols, attach a supplemental list of protocols to this form.

1) Protocol # (*Lead Group#*):	2) Protocol Title: (*short form acceptable)*:	
3a) **Parent** Institution Name (*List the name of parent institution who has the current IRB approval):*	3b) **Parent** NCI Institution Code *(ALXXX):*	3c) **Parent** FWA Assurance Number:
4a) **Affiliate** Institution Name(s) (*List name of affiliate institution(s) that are being added to the parent institution approval.)*	4b) **Affiliate** NCI Institution Code *(ALXXX)*	4c) **Affiliate** FWA Assurance Number:
5) Principal Investigator:	6) NCI Investigator #:	

This activity has been reviewed and approved by the IRB in accordance with the Common Rule and any other governing regulations or subparts:

7) Approval Type:	8) Review Type:
Initial or Renewal ☐ Amendment ☐	Full Board ☐ Expedited ☐
9) Date of IRB or Designee Review in box 7: / / m m d d y y y y	10) OHRP IRB Registration Number: IRB

11) Comments:

The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed & certification will be provided. Questions #1 through #17 must be completed for this form to be accepted. ☐
Check here if the person signing this form is an IRB signatory as documented on the institutional assurance with OHRP.

12) Name of IRB Signatory:	13) Name of approving IRB:
14) Title of IRB Signatory:	15) Phone (_____) |_____| - |_____|
16) Signature:	17) Date: _____/_____/_____ m m d d y y y y