

## IRB Staff at Signatory Institution's IRB (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 National Cancer Institute (NCI) Central Institutional Review Board (CIRB) Initiative is protected by The Privacy Act of 1974, as amended. The purpose of the information collection is to conduct reviews of clinical trial studies. Although your participation in NCI-sponsored research and completion of the forms is voluntary, if you wish to participate in the CIRB, you must complete all questions on the form. The information you provide will be combined for all participants and reported as summaries. It will be kept private to the extent provided by law.

## 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 IRB Staff at an IRB from 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							
IRB Staff Information							
Person Name	First				Last		
Title/Role IRB Chair*							
*(Click inside the grey box to select the appropriate role)				Em	mail Address		
Telephone Number ( ) - Extension							
Institution Name							
Name of IRB(s)							
Street Address							
Street Address #2							
City		State	Zip				

## **Remove IRB Staff**

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)	
IRBREGNO	
Site GUID	
TABLE	AIC