Investigator at Affiliate Institution With an IRB

**(All contact forms must be submitted by the local IRB of the signatory institution.)**

 OMB#: 0925 – 0625

 Expiry Date: 01/31/2014

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| Contact information for Investigators at each affiliated institution is required.Please provide the CIRB with their contact information so they may 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  |
| **Investigator Name** | First       | Last       |
| Cooperative Group Affiliations (please select *all* Cooperative Groups with which this Investigator is affiliated)(ACOSOG [ ] , CALGB [ ] , COG [ ] , ECOG[ ] , GOG [ ] , NCCTG [ ] , NCIC CTG [ ] , NSABP [ ] , RTOG [ ] , SWOG [ ] )  |
| NCI Investigator Number        | Email Address       |
| Telephone Number (   )   -     | Extension       |
| Street Address       |
| Street Address #2       |
| City       | State    | Zip       |
| **Investigator Institution Information** | Institution Name       |
| NCI Institution Code       | FWA Number       |
| Is this Institution a participating member of a CCOP? Yes/No  | Name of CCOP       |
| Is this Institution a participating member of a MBCCOP? Yes/No  | Name of MBCCOP       |
| Is this Institution an NCI-designated Cancer Center? Yes/No  |

**Remove Investigator(s)**

NOTE: The individuals listed below will no longer receive study-related correspondence from the CIRB and will have their usernames and passwords revoked.

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| First Name | Last Name | NCI Investigator Number | Institution Name |
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