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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**NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN**

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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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*(Internal use only)*

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| IRBREGNO |  |
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