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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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Investigator Name	First			Last			
Cooperative Group Affiliations (please select <i>all</i> 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 Co	FWA Number						
Is this Institution a	nber of a CCC	COP? Yes/No			Name of CCOP		
Is this Institution a participating member of			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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