



National Cancer Institute
Central IRB Initiative

IRB at Affiliate Institution

(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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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 information for each new IRB relying on an IRB from your signatory institution for review of Cooperative Group studies approved by the CIRB. Contact information for Investigators and Research Staff affiliated with each Institution is required. Please complete the "Investigator at Affiliate Institution" and "Research Staff at Affiliate Institution" forms to provide this information.

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IRB Information at Affiliate Institution

IRB Name

IRB Registration Number

Is this IRB the IRB of Record for an entire Community Clinical Oncology Program (CCOP)? (Yes/No)

Name of CCOP

Does this IRB serve as the IRB of Record for a participating CCOP institution (Yes/No)?

Name of CCOP

Is this IRB the IRB of Record for an entire for a Minority-Based Community Clinical Oncology Program (MBCCOP)? (Yes/No)

Name of MBCCOP

Does this IRB serve as the IRB of Record for a participating MBCCOP institution? (Yes/No)

Name of MBCCOP

Does this IRB serve as the IRB of record for an NCI-designated Cancer Center? (Yes/No)

Name of Cancer Center

Does this IRB review adult Cooperative Group phase 3 and/or pediatric phase 2, 3 or pilot studies for a college, university, or medical school? (Yes/No)

Name of College, University, or Medical School

IRB Institution Information

Institution Name

NCI Institution Code

FWA Number

Street Address

Street Address #2

City

State

Zip

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

IRB Contact Information

IRB Contact Person

Name

First

Last



National Cancer Institute
Central IRB Initiative

Email Address	
Telephone Number () -	Extension

Remove IRB(s)

IRB Name	IRB Registration Number	Institution Name

Internal use only)

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