



National Cancer Institute
Central IRB Initiative

Affiliate Institution Without an 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 information for each new institution without an IRB that is 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.

Add Revise

Affiliate Institution Without an IRB Information

Institution Name

FWA Number

NCI Institution Code

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

Contact Person Information

Contact Person Name

First

Last

Email Address

Telephone Number () -

Extension

Remove Institution(s)

Institution Name	FWA Number

Internal use only)

Site GUID	
TABLE	OIN