

## NCI ADULT CIRB

## **REVIEWER WORKSHEET**

## Continuing Review of Cooperative Group Protocol

OMB#: 0925 – 0625

Expiry Date: 01/31/2014

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#### STUDY ID:

STUDY TITLE:

**PROTOCOL VERSION DATE:** 

NAME OF CIRB REVIEWER:

#### DATE COMPLETED:

### **1.** I have reviewed the following documents (check all that apply):

NCI Adult/Pediatric CIRB Application for Continuing Review Study Protocol

Cooperative Group Model Informed Consent Document(s)

CIRB Approved Informed Consent Document(s)

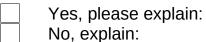
DSMB/Safety Monitoring Committee Report

Presentations or publications for the study

- Relevant information relating to participants' risks and benefits
- Management plan to address new or revised conflicts of interest
- Other (specify):
- 2. Are there any important changes in the risks, benefits, or protocol schedule that you believe have an impact on the CIRB's approval of this protocol?

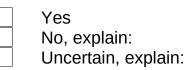
Yes, please explain:

# 3. In your judgment, do the benefits of this study continue to outweigh the risks?



Uncertain, explain:

## 4. Do you recommend that the CIRB approve continuation of this study?



## 5. Additional Remarks.