



## NCI ADULT CIRB

### REVIEWER WORKSHEET

#### Continuing Review of Cooperative Group Protocol

OMB#: 0925 – 0625

Expiry Date: 01/31/2014

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#### NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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**STUDY ID:**

**STUDY TITLE:**

**PROTOCOL VERSION DATE:**

**NAME OF CIRB REVIEWER:**

**DATE COMPLETED:**

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**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:
- No

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

- Yes, please explain:
- No, explain:
- Uncertain, explain:

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

- Yes
- No, explain:
- Uncertain, explain:

**5. Additional Remarks.**