Investigator at 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

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| Contact information for Investigators at each affiliated institution is required.Please provide the CIRB with their contact information so they may receive study-related correspondence from the CIRB.Usernames and passwords for the Participant’s Area of the Website will be sent via email to those listed below. | | | | | | |
| Add  Revise | | Institution Name | | | | |
| **Investigator Name** | First | | | | Last | |
| Cooperative Group Affiliations (please select *all* 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 |

**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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| --- | --- | --- | --- |
| First Name | Last Name | NCI Investigator Number | Institution Name |
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