OMB Text

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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 espect 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.

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Walter, Jay PhD				
Email: jwalter@emmes1.com Business Phone: (215)707-3390				
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Ste. 304 Anyplace, CA, 21701				
Study-Specific Information	Add Note			
Enter the Study ID Number.				
	Add Note			
Enter current Principal Investigator email address. (Required)				
Study Closure or Transfer of Study IRB Review Responsibility	Add Note			
Which action are you requesting for this study?				
(Required)				
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Study Closure				
Transfer of Study IRB Review Responsibility from the CIRB to another IRB				
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er of S	Study Review Resp. or Study Closure Study Closure				
	REMINDER: If this study is open at Component and/or Affiliate Institutions, submission of this Study Closure Form closes the study at all institutions.				
	In order to be closed, the following three conditions must be met. Check the boxes below to indicate to the CIRB that each condition is met:				
	(Required)				
	The study is closed to accrual at the Signatory Institution and all Component and/or Affiliate Institutions relying on the Signatory Institution for this study.				
	All study participants on this study have completed study intervention(s) and follow-up activities OR no study participants were enrolled.				
	There will be no further research activities for this study (this includes recruitment, enrollment, data collection, data analysis, data submission, etc.).				
	The study remains open until the letter is sent from the CIRB confirming study closure.				
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	ve completed the form. You can now either save the form for later revision, or subm				

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OMB#: 0925 - 0625 Expiry Date: 1/31/2014

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized under 42 USC 285a. Your participation is completely voluntary. You are subject to no penalty if you choose not to provide all or any part of the requested information. Data collected as part of the NCI CIRB review will be kept secure to the extent provided by law. Under the provisions of Section 301d of the Public Health Service Act, no information that could permit identification of a participating individual may be released. All such information will be held in confidence and will be presented only in statistical or summary form.

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Study-Specific Information		Add Note
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Enter the Study ID Number.		
Enter current Principal Investigator email address.		Add Note
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Study Closure or Transfer of Study IRB Review Responsibility		Add Note
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Transfer of Study IRB Review Responsibility from the CIRB to Another IRB		
To transfer study review responsibility, the IRB accepting review must have approved the study before transfer so there is no lapse in IRB of study. Provide a copy of the full board IRB approval letter for this study.	oversight (of the
Attach the IRB approval letter here.		
· ·		
(Required)		
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The study remains open until the letter is sent from the CIRB confirming the transfer of study IRB review responsibilities from the CIRB to the	he other I	RB.
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