

## Add or Remove Affiliate Institution Personnel

# This form must be submitted by the Signatory Institution Primary Contact.

OMB#: 0925 – 0625 Expiry Date: 01/31/2014

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#### 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.

### **Remove Affiliate Institution Personnel**

| Provide information bel   | ow to remove personnel from Affiliate I | nstitution(s).                                       |                |  |  |  |
|---|---|--|----------------|--|--|--|
| These individuals will no longer have access to the CIRB website or receive study-related correspondence from the CIRB. |   |  |                |  |  |  |
| First Name  | Last Name                               | NCI Investigator<br>Number / NCI Person ID<br>Number | Role of Person |  |  |  |
|   |   |  |                |  |  |  |
|   |   |  |                |  |  |  |
|   |   |  |                |  |  |  |
|   |   |  |                |  |  |  |
|   |   |  |                |  |  |  |
|   |   |  |                |  |  |  |

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## **Add New Affiliate Institution Personnel Information**

Provide the information requested for new or existing personnel at the Affiliate Institutions including: Sub-Investigators and Research Staff.

Sub-Investigators and Research Staff are those who have a role in the conduct of studies opened using the CIRB and function under the direction of a specific study's Signatory Institution Principal Investigator. Sub-Investigators and Research Staff will receive access to the CIRB website.

New personnel will receive information about how to access the CIRB Website in a separate email.

| Add Revise   |                     |                    |        |  |  |  |
|--|---------------------|--------------------|--------|--|--|--|
| Signatory Institution Name   |                     |                    |        |  |  |  |
| Affiliate Institution Name   |                     |                    |        |  |  |  |
| Role of Person at Affiliate Institution (Sub                               | o-Investigato       | r, Research Staff) |        |  |  |  |
| First Name   | Last Name           |                    | Degree |  |  |  |
| Title/Role (for Research Staff only)                                       |                     |                    |        |  |  |  |
| NCI Investigator Number / NCI Person ID Number                             |                     | Email Address      |        |  |  |  |
| Telephone Number ( ) -   |                     | Extension          |        |  |  |  |
|  |                     |                    |        |  |  |  |
| Add Revise   |                     |                    |        |  |  |  |
| Signatory Institution Name   |                     |                    |        |  |  |  |
| Affiliate Institution Name   |                     |                    |        |  |  |  |
| Role of Person at Affiliate Institution (Sub                               | o-Investigato       | r, Research Staff) |        |  |  |  |
| First Name   | irst Name Last Name |                    | Degree |  |  |  |
| Title/Role (for Research Staff only)                                       |                     |                    |        |  |  |  |
| NCI Investigator Number / NCI Person ID Number                             |                     | Email Address      |        |  |  |  |
| Telephone Number ( ) -   |                     | Extension          |        |  |  |  |
|  |                     |                    |        |  |  |  |
| Add Revise   |                     |                    |        |  |  |  |
| Signatory Institution Name   |                     |                    |        |  |  |  |
| Affiliate Institution Name   |                     |                    |        |  |  |  |
| Role of Person at Affiliate Institution (Sub-Investigator, Research Staff) |                     |                    |        |  |  |  |
| First Name Last Name   |                     |                    | Degree |  |  |  |
| Title/Role (for Research Staff only)                                       |                     |                    |        |  |  |  |
| NCI Investigator Number / NCI Person ID Number                             |                     | Email Address      |        |  |  |  |
| Telephone Number ( ) -   |                     | Extension          |        |  |  |  |

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| Add Revise   | Add Revise                |                     |           |  |  |  |
|--|---------------------------|---------------------|-----------|--|--|--|
| Signatory Institution Name   |                           |                     |           |  |  |  |
| Affiliate Institution Name   |                           |                     |           |  |  |  |
| Role of Person at Affiliate Institution (Sub-Investigator, Research Staff) |                           |                     |           |  |  |  |
| First Name   | st Name Last Name Degree  |                     |           |  |  |  |
| Title/Role (for Research Staff only)                                       |                           |                     |           |  |  |  |
| NCI Investigator Number / NCI Person ID Number                             |                           | Email Address       |           |  |  |  |
| Telephone Number ( ) -   |                           | Extension           |           |  |  |  |
|  |                           |                     |           |  |  |  |
| Add Revise   |                           |                     |           |  |  |  |
| Signatory Institution Name   |                           |                     |           |  |  |  |
| Affiliate Institution Name   |                           |                     |           |  |  |  |
| Role of Person at Affiliate Institution (Sub                               | o-Investigato             | or, Research Staff) |           |  |  |  |
| First Name   | rst Name Last Name Degree |                     | Degree    |  |  |  |
| Title/Role (for Research Staff only)                                       |                           |                     |           |  |  |  |
| NCI Investigator Number / NCI Person ID Number                             |                           | Email Address       |           |  |  |  |
| Telephone Number ( ) -   |                           | Extension           | Extension |  |  |  |
|  |                           |                     |           |  |  |  |
| Add Revise   |                           |                     |           |  |  |  |
| Signatory Institution Name   |                           |                     |           |  |  |  |
| Affiliate Institution Name   |                           |                     |           |  |  |  |
| Role of Person at Affiliate Institution (Sub                               | o-Investigato             | or, Research Staff) |           |  |  |  |
| First Name   | Last Name                 |                     | Degree    |  |  |  |
| Title/Role (for Research Staff only)                                       |                           |                     |           |  |  |  |
| NCI Investigator Number / NCI Person ID Number                             |                           | Email Address       |           |  |  |  |
| Telephone Number ( ) -   |                           | Extension           |           |  |  |  |
|  |                           |                     |           |  |  |  |
| Add Revise   |                           |                     |           |  |  |  |
| Signatory Institution Name   |                           |                     |           |  |  |  |
| Affiliate Institution Name   |                           |                     |           |  |  |  |
| Role of Person at Affiliate Institution (Sub-Investigator, Research Staff) |                           |                     |           |  |  |  |
| First Name Last Name   |                           |                     | Degree    |  |  |  |
| Title/Role (for Research Staff only)                                       |                           |                     |           |  |  |  |
| NCI Investigator Number / NCI Person ID Number                             |                           | Email Address       |           |  |  |  |
| Telephone Number ( ) -   |                           | Extension           |           |  |  |  |

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