



## Add or Remove Component Institution

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

OMB#: 0925 – 0625 Expiry Date: 01/31/2014
<p>Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of your participation in the National Cancer Institute (NCI) Central Institutional Review Board (CIRB) Initiative is protected by The Privacy Act of 1974, as amended. The purpose of the information collection is to conduct reviews of clinical trial studies. Although your participation in NCI-sponsored research and completion of the forms is voluntary, if you wish to participate in the CIRB, you must complete all questions on the form. The information you provide will be combined for all participants and reported as summaries. It will be kept private to the extent provided by law.</p> <p style="text-align: center;"><b>NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN</b></p> <p>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. <b>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.</b> 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.</p>

### Remove Component Institution(s)

Provide information below to remove Component Institution(s). The CIRB will no longer be the IRB of record for these Component Institution(s).	
Component Institution Name	NCI Institution Code

### Add New Component Institution(s)

Component Institutions are defined by the CIRB as meeting <b>ALL</b> of the following criteria: <ul style="list-style-type: none"> <li>the Component Institution operates under a different name than the Signatory Institution, but the Signatory Institution has legal authority for the Component Institution;</li> <li>the FWA number for the Component Institution is the same as the Signatory Institution;</li> <li>the local context considerations of the Component Institution are the same as the Signatory Institution. Local context considerations are reported by the Signatory Institution in the Annual Institution Worksheet About Local Context;</li> <li>the boilerplate language and institutional requirements of the Component Institution are the same as the Signatory Institution. The boilerplate language and institutional requirements are reported by the Signatory Institution in the Annual Institution Worksheet About Local Context; and</li> <li>the conduct of research at the Component Institution is monitored by the same office as the Signatory Institution</li> </ul> <p>Provide the information requested for each Component Institution that meet the CIRB's definition.</p>
--

<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Revise</b>		
Signatory Institution Name		
Component Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip



National Cancer Institute  
Central IRB Initiative

<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Revise</b>		
Signatory Institution Name		
Component Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip

<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Revise</b>		
Signatory Institution Name		
Component Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip

<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Revise</b>		
Signatory Institution Name		
Component Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip

<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Revise</b>		
Signatory Institution Name		
Component Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip

<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Revise</b>		
Signatory Institution Name		
Component Institution Name		
NCI Institution Code		
Street Address		
Street Address #2		
City	State	Zip