OMB#0925-0624
Expiration Date: 12/31/2013

Filling out PDF Forms

This PDF form contains "**roll-over** or **double-click "** help functionality.

This form allows you to enter data directly onto the screen. After completing the form, you are able to print the document so that you can fax/mail the document.

To fill out a form:

1. Select the hand tool. 
2. Position the pointer inside a field, and click to type text.
3. After entering text or selecting a check box, do one of the following:

   - Press tab to accept the form field change and go to the next form field.

   - Press Shift+Tab to accept the form field change and go to the previous form field.

   - Press Enter (Windows) or Return (Mac OS) to accept the form field change and deselect the current form field.

4. Once completed, print the form.

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Cancer Trials Support Unit

Acknowledgment Form
(for sites utilizing the NCI CIRB)

Email, Mail or Fax to:
Cancer Trials Support Unit (CTSU)
ATTN: Coalition of Cancer Cooperative Groups (CCCG)
Suite1100
1818 Market Street
Philadelphia, PA 19103
FAX: 1-215-569-0206
CTSURegulatory@ctsu.coccg.org

This form is **NOT** an IRB approval document. The form does **NOT** require an IRB approval nor IRB signature, but may be completed by the **local site research personnel**. By signing this form, you are informing the CTSU that each site listed below is currently covered by the NCI CIRB and that the CTSU should enter either a **continuing renewal** or **amendment** approval for the site(s) & protocol identified.

1) Protocol #:	2) Protocol Version Date (Required for Amendments Only): _____/___/_____ m m d d y y y y	
3) Institution Name (*List all institutions covered by IRB approval that will conduct this study. Attach complete list if necessary.)*	4) NCI Institution Code	5 & 5a) OHRP Federalwide Assurance Number FWA FWA Expiration Date (mm/dd/yyyy)
Ex: University of State	*ALXXX*	*FWA00000123* *03/01/2006*

6) Principal Investigator:	7) NCI Investigator #:
8) Approval Type: Amendment ☐ Renewal ☐	9) OHRP IRB Registration Number (for the NCI CIRB): Adult-Late Phase Emphasis Board: **IRB00000781** Pediatric Board: **IRB00004296** Adult-Early Phase Emphasis Board: **IRB00009430**
10) Comments:	

The person signing below certifies that the information provided above is correct.
Questions #1 through #9 must be completed for this form to be accepted.

11) Name of Person Signing Form:	12) Site Role:
13) Title (if applicable):	14) Phone Number: (_____) |_____| - |_____|
15) **Signature:**	16) **Date:** _____/_____/_____ m m d d y y y y