



OMB Text	Add Note
<p>OMB#: 0925 - xxxx <span style="float: right;">Expiry Date: xx/xx/xxxx</span></p> <p>Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of your participation in the NCI CIRB is protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the NCI CIRB at any time. Refusal to participate will not affect your benefits in any way. The information collected will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the NCI CIRB. Information provided will be combined for all participants and reported as summaries. You are being requested to complete this instrument so that we can conduct activities involved with the operations of NCI CIRB Initiative.</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 15 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>	

Signatory Institution Information	Add Note	View Audit
<p><b>Submitting User Information</b></p> <p>Campbell, Brian  <span style="float: right;">Email: <a href="mailto:bcampbell@emmes.com">bcampbell@emmes.com</a></span></p>		

Name of Signatory Institution	Add Note
<p>(Required)</p> <p>Children's Oncology Group ▼</p>	

Study-Specific Information	Add Note
<p>Enter the Study ID Number. (Click <a href="#">here</a> if you would like to review a list of studies currently covered by NCI CIRB)</p> <p><input type="text"/></p>	

Enter current Principal Investigator email address.	Add Note
<p>(Required)</p> <p><input type="text"/></p>	

**Study Closure or Transfer of Study IRB Review Responsibility**

[Add Note](#)

**Which action are you requesting for this study?**

*(Required)*

- Study Closure
- Transfer of Study IRB Review Responsibility from the CIRB to another IRB

**Site Reviewer**

[Add Note](#)

*No answer provided.*

**REMINDER: If this study is open at Component and/or Affiliate Institutions, submission of this Study Closure Form closes the study at all institutions.** [Add Note](#)

**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.**

[Add Note](#)