



CIRB Member Annual Assessment

OMB #0925-xxxx Expiration Date: xx/xx/xxxx

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 20 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-xxxx*). Do not return the completed form to this address.

The CIRB Member Annual Assessment is designed to gather information regarding your CIRB board experience over the past year. Your responses will be used to plan Education Day and other educational activities throughout the year. This is also an opportunity for you to provide feedback about the review process and how it can be improved. Please respond to each item below.

Name: _____

The information you provide will remain confidential and only shared with those involved with the leadership of the CIRB initiative.

1. I know and can apply the ethical principles underlying protection of study participants. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
2. I know and can apply Federal Regulations applicable to the protection of study participants. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
3. I understand how NCI studies are developed and conducted. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
4. I know and can apply CIRB policies pertaining to protection of study participants. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
5. I can identify my conflicts of interest and am comfortable reporting them. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
6. I contribute to the quality of the CIRB's review. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
7. I am comfortable sharing my comments in ePanel. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
8. I don't hesitate to speak during the CIRB meeting. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
9. Voicing an opposing view during a CIRB meeting is not a problem for me. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]

Neither Agree nor Disagree, Strongly Disagree]

10. I have enough time to complete my reviews. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
11. I know when my assigned reviews are due. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
12. I am satisfied with the timeliness and helpfulness of responses from the CIRB Operations Office. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]

13. The number of review assigned to me is manageable. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
14. There is adequate time on the agenda to allow for discussion. [Strongly Agree, Agree, Neither Agree nor Disagree, Strongly Disagree]
15. The frequency of meetings is _____[Too Frequent, Just Right, Not Frequent Enough]
16. How likely are you to use each of the following resources when a question arises:
[Scale: Very Likely, Likely, Less Likely, Not Likely]
- a. CIRB Operations Office Staff
 - b. CIRB Helpdesk
 - c. CIRB SOPs
 - d. CIRB website
 - e. ePanel© reference section
 - f. CTSU website
 - g. Coordinating Group Websites
17. I am interested in learning more about:
- a. NPRM
 - b. How risk tables are developed
 - c. Biobanking and Consent
 - d. Precision Medicine
 - e. Models for Clinical Trials
 - f. Genomic Data Sharing Policy and Consent
 - g. Other: _____
18. At this point in time I am willing to continue to serve on the CIRB for: [1 year, 2 years, 3+years, I plan I resigning within a year] Please note, your response is not a commitment.
19. If I could change one thing about the CIRB, it would be: [Open-ended]
20. Please use the space below to share any additional comments regarding your experience with the CIRB: [Open-ended]