

NCI CIRB REVIEWER WORKSHEET

Expedited Study Closure Review

Attachment_B36_Exp_Rev_Study_Closure

OMB# 0925-0753, Expiration Date: 07/31/2021

The purpose of the information collection is to conduct reviews of clinical trial studies. NCI guidelines mandate the participation of institutions in the CIRB for Network group studies. You are being requested to complete this instrument so that we can conduct activities involved with the operations of the NCI CIRB Initiative. Although your participation in Network group 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.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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. 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 (0925-0753). Do not return the completed form to this address.

STUD	Y ID:			
STUD	Y TIT	LE:		
PROT	осоі	L VERSION DATE	: :	
CURR	ENT	CIRB EXPIRATIO	N DATE:	
NAME	OF (CIRB REVIEWER:		
ROLE	:	☐ Chair	☐ Vice Chair	☐ Designated Reviewer
DATE	REVI	EW COMPLETED) :	
DATE	STUI	DY CLOSED TO	ACCRUAL:	
<u></u> Ву	check	CONFLICT OF II king this box, the rest Policy for Control	eviewer confirms there are no	conflicts of interest relative to this study per the
1.	Indi	cate the docume	nts reviewed (check all that	apply):
July 2	2018	"Completed" or " Study Protocol Model Consent F CIRB-approved	Administratively Completed"	for Continuing Review indicating Status of
CENT	DAI IDE	END THE NATIONAL C	ANCED INSTITUTE	

C	$\langle \rangle$	R)B			
FOR THE	☐ F	COXICITY Summary Presentations or publications for the study Final Study Report/Publication Other, please specify			
2.	Verify	ring Study Status			
	"Admir	es may be permanently closed with the CIRB if they have a status of "Completed" or inistratively Completed." Select either A or B below and check the boxes to verify the rements for that status in the submitted Continuing Review Application.			
	□ A.	Completed – Section 1.1.8 of the Continuing Review Application			
		Definition: The study is considered completed with the CIRB only when all of the following artrue:			
		 The study has been closed to accrual. All participants have completed study intervention. All participants have completed all follow-up activities. Analysis of the data is complete. The study has met its primary objectives and a final study report/publication has been submitted. 			
	□ B.	Administratively Completed – Section 1.1.9 of the Continuing Review Application			
		Definition: The study is considered administratively completed with the CIRB when it has been stopped earlier than planned and all of the following are true:			
		 The study has been closed to accrual. All participants are no longer receiving study intervention. All follow-up activities have ceased. No further activity or data analyses are being performed. 			
3.	Deter	mination:			
		Approve the permanent closure of the study with the CIRB.			
		Forward for review by the convened CIRB (provide reason in Question 4)			
		Reviewer requests additional information before a determination can be made (provide additional information requested in Question 4)			

Comments:

4.