C›I›R›B
FOR THE NATIONAL CANCER INSTITUTE

CIRB APPLICATION FOR TRANSLATED DOCUMENTS

Attachment_B33_App_Translated_Docs 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 30 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.

Complete and submit this form to request CIRB review of translated documents. If you have any questions regarding the completion of this request, please contact the CIRB Helpdesk at 888-657-3711 or ncicirbcontact@emmes.com.

In order for the CIRB to review and approve translated documents, the English language version of the document must already have CIRB approval.

STUDY NUMBER: _____

STUDY TITLE: _____

PROTOCOL VERSION DATE: _____

This request should be based on the current CIRB-approved Protocol Version Date.

STUDY CHAIR: _____

The Study Chair requests CIRB review and approval of the following translated documents. Please check all that apply:

☐ Informed Consent Document (ICD). If submitting multiple ICDs, please list titles below:

1. _____
2. _____

☐ Other documents (please list below):

CENTRAL IRB FOR THE NATIONAL CANCER INSTITUTE
NCI CIRB Operations Office › 401 N. Washington St. › Suite 700 › Rockville, MD 20850

1. _____
2._____

Additional Required Documents. Check off below when document is attached:

- ☐ CIRB-approved English language document(s) corresponding to the translated document
- ☐ Translated version(s) of the CIRB-approved English language document
- ☐ Translator's Certificate(s) of Accuracy or equivalent document(s)