

## **NCI Choose 1**

## **REVIEWER WORKSHEET**

## STUDY CHAIR'S RESPONSE TO CIRB REVIEW

Attac	hment_B27_Adult_Resp_Rev	OMB# 0925-0753, Expiration Date: 07/31/2021
CIRB for the NC CIRB, y	or Network group studies. You are being requested to CI CIRB Initiative. Although your participation in Netwo	ws of clinical trial studies. NCI guidelines mandate the participation of institutions in the complete this instrument so that we can conduct activities involved with the operations of rk group research and completion of the forms is voluntary, if you wish to participate in the rmation you provide will be combined for all participants and reported as summaries. It wi
	NOTIFICATION T	O RESPONDENT OF ESTIMATED BURDEN
instructinform it dispinform	ctions, searching existing data sources, gathering a nation. An agency may not conduct or sponsor, plays a currently valid OMB control number. Se	is estimated to average 60 minutes per response, including the time for reviewing and maintaining the data needed, and completing and reviewing the collection of and a person is not required to respond to, a collection of information unless and comments regarding this burden estimate or any other aspect of this collection of en, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, or not return the completed form to this address.
STU	JDY ID:	
STU	IDY TITLE:	
NAN	ME OF CIRB REVIEWER:	
DAT	TE COMPLETED:	
1.	The Study Chair's response is in reference to (check one):	
	CIRB Stipulations from Init CIRB Stipulations from An CIRB Stipulations from Co	nendment/Revision/Update Review
2.	I have reviewed the following de	ocuments (check all that apply):
	Study Chair's Response L Revised Protocol Version Revised Model Informed C Revised NCI Adult CIRB A CIRB Application for Ancill Summary of CIRB Applica Other (specify):	Consent Document(s) Application for Treatment Studies or NCI Adult/Pediatric ary Studies



3.	Has the Study Chair adequately addressed the CIRB stipulations and/or recommendations from the prior CIRB review?		
	☐ Yes ☐ No		
4.	Did the Study Chair's response include additional changes aside from the CIRB stipulations and/or recommendations?		
	Yes (if yes, check all that apply below) No (if no, skip to Question 6)		
5.	Do the additional changes alter the risk/benefit ratio to the participants?		
	☐ Yes ☐ No		
6.	Please provide your comments and/or concerns (if any) regarding the Study Chair's response and revised documentation.		
7.	Please provide your recommendation for CIRB action on the Study Chair's response and revised documentation.		
8.	Questions for the Study Team Questions included below will be sent to the Study Team in advance of the CIRB meeting. Whenever possible, CIRB Operations Office staff will forward responses received prior to the meeting to the primary reviewers and post those responses in ePanel. In order to ensure questions are sent to the Study Chair, questions should be posted here in ePanel at least 36 hours prior to the CIRB meeting.		
9.	<b>Topics for CIRB Discussion</b> List below any topics requiring discussion among the CIRB members prior to a final assessment of the study (e.g. whether inclusion of individuals with impaired decision-making is appropriate).		
10.	Proposed Stipulations Changes or additional information that the CIRB requires before the study can be approved should be listed below. The changes or requested information must pertain to the regulatory criteria for approval or have a direct impact on the protection of study participants.		

Recommendations

11.



List recommended changes below. Recommended changes do not relate to the regulatory criteria for approval nor do they relate to protection of study participants. The Study Chair may opt to address the recommendations, or may disregard them.