Attachment_B46_Waiver_Assent

6 - Request Assent Waiver Worksheet -- Signatory Institution Information

OMB Text Add Note

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

STATEMENT OF CONFIDENTIALITY

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 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 (0925-0625*). Do not return the completed form to this address.*

Signatory Institution Information Add Note View Audit

1. Submitting User Information

Campbell, Brian

Email: bcampbell@emmes.com

2. Enter the Study ID Number. (Click here if you would like to review a list of studies currently covered by NCI CIRB) Add Note View Audit

(Required)

3. Enter the email address of the Principal Investigator who is the currently responsible for this study. Add Note View Audit

(Required)

If the PI's name does not appear above the email address field, this means there is no active account associated with this email address. Please confirm the email address is correct and that it is the email address associated with the PI in IAM.

If the email address is correct and the PI name still does not appear, you will need to complete a Signatory Personnel Form to add the PI to the CIRB roster and send it to your Signatory Institution Primary Contact Person for approval and submission to the NCI CIRB Helpdesk for inclusion onto to your institution's roster with NCI CIRB.

4. Signatory Institution Add Note View Audit

(Required)

CIRB Operations Office

Calculated Field Add Note View Audit

No answer provided.No answer provided.

Site Reviewer Add Note View Audit

No answer provided.

5. Enter the age of the child Add Note View Audit

(Required)

6. Enter the Study Participant(s) Registration Number(s) or another unique anonymous identifier for the specific child. Add Note View Audit

(Required)

7. Describe the reason the child cannot provide assent Add Note View Audit

(Required)