Study Closure and Transfer of Review Responsibilities Worksheet

Add Note

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

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 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.

Add Note

Please refer to the Quickguide on Completing the Study Closure or Transfer of Study Review Responsibility Worksheet for further guidance.

Add Note View Audit

Signatory Institution Information

Submitting User Information

Campbell, Brian

Email: bcampbell@emmes.com

Add Note View Audit

Name of Signatory Institution

(Required)

CIRB Operations Office

Add Note View Audit

Enter current Principal Investigator email address.

(Required)

Add Note View Audit

Study Closure or Transfer of Study IRB Review Responsibility

Which action are you requesting for this study?

(Required)

- Study Closure
- Transfer of Study IRB Review Responsibility from the CIRB to another IRB

Site Reviewer Add Note View Audit

No answer provided.

Next Save for Later More

Study Closure

Add Note View Audit

The list of studies associated with the current PI:
The current PI must have the identified study open with the CIRB in order to close it. If the selected PI is not the PI of Record, please contact the Helpdesk for more information.

Study-Site	Role	Title	Sponsor
test_Peds-Abington Memorial Hospital-Asplundh Cancer Pavilio	Investigator	testing	
TEST-Abington Memorial Hospital-Asplundh Cancer Pavilio	Investigator	Test	

Add Note

Use the text boxes below to list the study or studies that should be closed where the identified PI is the PI of Record with the NCI CIRB. This worksheet is restricted to 10 studies. If you are closing more the 10 studies for the same PI, you will need to submit additional Study Closure worksheets.

Study ID Number for the Closure of Study #1 *(Required)* Add Note View Audit

Add Note View Audit

Please confirm the following requirements for closure of study #1 have been satisfied:

- **The study is closed to accrual at the Signatory Institution and all Component and/or Affiliate Institutions relying on the Signatory Institution for this study.**
- **All study participants on this study have completed study intervention(s) and follow-up activities OR no study participants were enrolled.**
- **There will be no further research activities for this study (this includes recruitment, enrollment, data collection, data analysis, data submission, etc.).**

(Required)

- ○ Yes, I confirm these closure requirements have been satisfied
- ○ No, these closure requirements have not been satisfied

Study ID Number for the Closure of Study #2 Add Note View Audit

Add Note

The study remains open until the letter is sent from the CIRB confirming study closure.

Previous Next Save for Later More ▸

Form Completed

You've completed the form. You can now either save the form for later revision, or submit it.

Go Back Save for Later Print Submit

Study Transfer

Add Note View Audit

The list of studies associated with the current PI:
The current PI must have the identified study open with the CIRB in order to transfer it. If the selected PI is not the PI of Record, please contact the Helpdesk for more information.

Study-Site	Role	Title	Sponsor
test_Peds-Abington Memorial Hospital-Asplundh Cancer Pavilio	Investigator	testing	
TEST-Abington Memorial Hospital-Asplundh Cancer Pavilio	Investigator	Test	

Add Note

The study remains open until the letter is sent from the CIRB confirming the transfer of study IRB review responsibilities from the CIRB to the other IRB.

Study ID Number for the Transfer of Review Responsibilities from the CIRB to the new IRB for Study #1 *(Required)* Add Note View Audit

Add Note View Audit

Transfer of Study IRB Review Responsibility from the CIRB to Another IRB
To transfer study review responsibility, the IRB accepting review must have approved the study before transfer so there is no lapse in IRB oversight of the study. Provide a copy of the full board IRB approval letter for Study #1.
Attach the IRB approval letter here.

(Required)

Add Attachment

Study ID Number for the Transfer of Review Responsibilities from the CIRB to the new IRB for Study #2 Add Note View Audit

Previous Next Save for Later More

Form Completed

You've completed the form. You can now either save the form for later revision, or submit it.

Go Back Save for Later Print Submit