Form Name

CTSU IRB/Regulatory Approval Transmittal Form (Attachment A01)

CTSU IRB Certification Form (Attachment A02)

Withdrawal from Protocol Participation Form (Attachment A03)

Site Addition Form (Attachment A04)

CTSU Request for Clinical Brochure (Attachment A06)

CTSU Supply Request Form (Attachment A07)

RTOG-0834 CTSU Data Transmittal Form (Attachment A10)

CTSU Patient Enrollment Transmittal Form (Attachment A15)

CTSU Transfer Form (Attachment A16)

CTSU OPEN Rave Request Form (Attachment A18)

CTSU LPO Form Creation (Attachment A19)

CTSU DTL Site Form Creation (Attachment A20)

CTSU DTL Electronic Signature Form (Attachment A21)

CTSU CLASS Course Setup Form (Attachment A22)

CTSU LPO Approval for Early Closure Form (Attachment A23)

International DTL Signing (Attachment A24)

NCI CIRB AA & DOR between the NCI CIRB and Signatory Institution (Attachment B01)

NCI CIRB Signatory Enrollment Form (Attachment B02)

CIRB Board Member Application (Attachment B03)

CIRB Member COI Screening Worksheet (Attachment B08)

CIRB COI Screening for CIRB meetings (Attachment B09)

CIRB IR Application (Attachment B10)

CIRB IR Application for Exempt Studies (Attachment B11)

CIRB Amendment Review Application (Attachment B12)

CIRB Ancillary Studies Application (Attachment B13)

CIRB Continuing Review Application (Attachment B14)

Adult IR of Cooperative Group Protocol (Attachment B15)

Pediatric IR of Cooperative Group Protocol (Attachment B16)

Adult Continuing Review of Cooperative Group Protocol (Attachment B17)

Adult Amendment of Cooperative Group Protocol (Attachment B19)

Pediatric Amendment of Cooperative Group Protocol (Attachment B20)

Pharmacist's Review of a Cooperative Group Study (Attachment B21)

Adult Expedited Amendment Review (Attachment B23)

Pediatric Expedited Amendment Review (Attachment B24)

Adult Expedited Continuing Review (Attachment B25)

Pediatric Expedited Continuing Review (Attachment B26)

Adult Cooperative Group Response to CIRB Review (Attachment B27)

Pediatric Cooperative Group Response to CIRB Review (Attachment B28)

Adult Expedited Study Chair Response to Required Modifications (Attachment B29)

Reviewer Worksheet- Determination of UP or SCN (Attachment B31) Reviewer Worksheet -CIRB Statistical Reviewer Form (Attachment B32) CIRB Application for Translated Documents (Attachment B33) Reviewer Worksheet of Translated Documents (Attachment B34) Reviewer Worksheet of Recruitment Material (Attachment B35) Reviewer Worksheet Expedited Study Closure Review (Attachment B36) Reviewer Worksheet of Expedited IR (Attachment B38) Annual Signatory Institution Worksheet About Local Context (Attachment B40) Annual Principal Investigator Worksheet About Local Context (Attachment B41) Study-Specific Worksheet About Local Context (Attachment B42) Study Closure or Transfer of Study Review Responsibility (Attachment B43) Onanticipated Problem of Serious of Continuing Noncompliance Reporting Form (Attachment Change of Signatory Institution PI Form (Attachment B45) Request Waiver of Assent Form (Attachment B46) CIRB Waiver of Consent Request Supplemental Form (Attachment B47) Review Worksheet CIRB Review for Inclusion of Incarcerated Participants (Attachment B48) Notification of Incarcerated Participant Form (B49) Final Video Submission Posting Form (Attachment B50) Unanticipated Problem or Serious or Continuing Noncompliance Application (Attachment B52) CIRB Customer Satisfaction Survey (Attachment CO4) Follow-up Survey (Communication Audit) (Attachment C05) CIRB Board Member Annual Assessment Survey (Attachment CO7) PIO Customer Satisfaction Survey (Attachment C08) Audit Scheduling Form (Attachment D01) Preliminary Audit Finding Form (Attachment D02) Audit Maintenance Form (Attachment D03) Final Audit Finding Report Form (Attachment D04) Follow-up Form (Attachment D05) Roster Maintenance Form (Attachment D06) Final Report and CAPA Request Form (Attachment D07) NCI/DCTD/CTEP FDA Form 1572 for Annual Submission (Attachment E01) NCI/DCTD/CTE Biosketch (Attachment E02) NCI/DCTD/CTEP Financial Disclosure Form (Attachment E03) NCI/DCTD/CTEP Agent Shipment Form (ASF) (Attachment E04) Non-IND/Non-Treatment Registration Form (Attachment E05) International Investigator Statement (Attachment E06) Basic Study Information Form (Attachment F01) **ANNUALIZED TOTALS**

Bold outline of blocks within H & K categories should match Table 12-2 - **Annualized Costs to Resp**Use Column D totals when there is only 1 response per respondent
Use Column E totals when there is more than 1 response per respondent

Type of Respondent	Number of Respondents ¹	Number of Responses per Respondent ²	Number of Respondents x Number of Responses
Health Care Practitioner	2,444	12	29,328
Health Care Practitioner	2,444	12	29,328
Health Care Practitioner	279	1	279
Health Care Practitioner	80	12	960
Health Care Practitioner	360	1	360
Health Care Practitioner	90	12	1,080
Health Care Practitioner	30	2	60
Health Care Practitioner	12	12	144
Health Care Practitioner	360	2	720
Health Care Practitioner	30	21	630
Health Care Practitioner	5	2	10
Health Care Practitioner	400	10	4,000
Health Care Practitioner	400	10	4,000
Health Care Practitioner	10	2	20
Health Care Practitioner	2,444	6	14,664
Health Care Practitioner	29	1	29
Participants	50	1	50
Participants	50	1	50
Board Member	100	1	100
Board Members	100	1	100
Board Members	72	1	72
Health Care Practitioner	80	1	80
Health Care Practitioner	4	1	4
Health Care Practitioner	400	1	400
Health Care Practitioner	1	1	1
Health Care Practitioner	400	1	400
Board Members	65	1	65
Board Members	15	1	15
Board Members	275	1	275
Board Members	40	1	40
Board Members	25	1	25
Board Members	50	1	50
Board Members	348	1	348
Board Members	140	1	140
Board Members	140	1	140
Board Members	36	1	36
Health Care Practitioner	30	1	30
Health Care Practitioner	5	1	5
Board Members	40	1	40

Board Members	400	1	400
Board Members	100	1	100
Health Care Practitioner	100	1	100
Board Members	100	1	100
Board Members	20	1	20
Board Members	20	1	20
Board Members	5	1	5
Health Care Practitioner	400	1	400
Health Care Practitioner	1,800	1	1,800
Health Care Practitioner	4,800	1	4,800
Health Care Practitioner	1,680	1	1,680
Health Care Practitioner	360	1	360
Health Care Practitioner	120	1	120
Health Care Practitioner	35	1	35
Health Care Practitioner	20	1	20
Board Members	20	1	20
Health Care Practitioner	20	1	20
Health Care Practitioner	80	1	80
Health Care Practitioner	20	1	20
Participants	600	1	600
Participants/Board Members	300	1	300
Board Members	60	1	60
Health Care Practitioner	60	1	60
Health Care Practitioner	229	5	1,145
Health Care Practitioner	229	5	1,145
Health Care Practitioner	158	5	790
Health Care Practitioner	110	11	1,210
Health Care Practitioner	44	7	308
Health Care Practitioner	7	1	7
Health Care Practitioner	3	9	27
Physician	26,500	1	26,500
Physician; Health Care Practitioner	48,000	1	48,000
Physician; Health Care Practitioner	48,000	1	48,000
Physician	24,000	1	24,000
Physician	1,000	1	1,000
Physician	2,100	1	2,100
Health Care Practitioner	140	1	140
	173,523	214	253,570

Totals Over the Co

ondents			

Average Burden Per Response (in hours) ³	Total Annual Burden Hour - Corrected	Hourly Wage Rate	Total Cost - Corrected	Total Cost - Corrected
2/60	978	\$46.52	\$45,496.56	\$45,496.56
10/60	4,888	\$46.52	\$227,389.76	\$227,389.76
10/60	47	\$46.52	\$2,186.44	\$2,186.44
10/60	160	\$46.52	\$7,443.20	\$7,443.20
10/60	60	\$46.52	\$2,791.20	\$2,791.20
10/60	180	\$46.52	\$8,373.60	\$8,373.60
5/60	5	\$46.52	\$232.60	\$232.60
10/60	24	\$46.52	\$1,116.48	\$1,116.48
10/60	120	\$46.52	\$5,582.40	\$5,582.40
10/60	105	\$46.52	\$4,884.60	\$4,884.60
2	20	\$46.52	\$930.40	\$930.40
30/60	2,000	\$46.52	\$93,040.00	\$93,040.00
10/60	667	\$46.52	\$31,028.84	\$31,028.84
20/60	7	\$46.52	\$325.64	\$325.64
20/60	4,888	\$46.52	\$227,389.76	\$227,389.76
10/60	5	\$114.76	\$573.80	\$573.80
15/60	13	\$46.52	\$604.76	\$604.76
15/60	13	\$46.52	\$604.76	\$604.76
30/60	50	\$46.52	\$2,326.00	\$2,326.00
15/60	25	\$114.76	\$2,869.00	\$2,869.00
15/60	18	\$114.76	\$2,065.68	\$2,065.68
1	80	\$46.52	\$3,721.60	\$3,721.60
30/60	2	\$46.52	\$93.04	\$93.04
15/60	100	\$46.52	\$4,652.00	\$4,652.00
1	1	\$46.52	\$46.52	\$46.52
15/60	100	\$46.52	\$4,652.00	\$4,652.00
3	195	\$114.76	\$22,378.20	\$22,378.20
3	45	\$114.76	\$5,164.20	\$5,164.20
1	275	\$114.76	\$31,559.00	\$31,559.00
2	80	\$114.76	\$9,180.80	\$9,180.80
2	50	\$114.76	\$5,738.00	\$5,738.00
2	100	\$114.76	\$11,476.00	\$11,476.00
30/60	174	\$114.76	\$19,968.24	\$19,968.24
30/60	70	\$114.76	\$8,033.20	\$8,033.20
30/60	70	\$114.76	\$8,033.20	\$8,033.20
30/60	18	\$114.76	\$2,065.68	\$2,065.68
1	30	\$46.52	\$1,395.60	\$1,395.60
1	5	\$46.52	\$232.60	\$232.60
30/60	20	\$114.76	\$2,295.20	\$2,295.20

10/60	67	\$114.76	\$7,688.92	\$7,688.92
15/60	25	\$114.76	\$2,869.00	\$2,869.00
30/60	50	\$46.52	\$2,326.00	\$2,326.00
15/60	25	\$114.76	\$2,869.00	\$2,869.00
15/60	5	\$114.76	\$573.80	\$573.80
15/60	5	\$114.76	\$573.80	\$573.80
30/60	3	\$114.76	\$344.28	\$344.28
40/60	267	\$46.52	\$12,420.84	\$12,420.84
20/60	600	\$114.76	\$68,856.00	\$68,856.00
15/60	1,200	\$46.52	\$55,824.00	\$55,824.00
15/60	420	\$46.52	\$19,538.40	\$19,538.40
20/60	120	\$46.52	\$5,582.40	\$5,582.40
20/60	40	\$46.52	\$1,860.80	\$1,860.80
20/60	12	\$46.52	\$558.24	\$558.24
15/60	5	\$46.52	\$232.60	\$232.60
1	20	\$46.52	\$930.40	\$930.40
20/60	7	\$46.52	\$325.64	\$325.64
15/60	20	\$46.52	\$930.40	\$930.40
30/60	10	\$46.52	\$465.20	\$465.20
15/60	150	\$46.52	\$6,978.00	\$6,978.00
15/60	75	\$46.52	\$3,489.00	\$3,489.00
15/60	15	\$114.76	\$1,721.40	\$1,721.40
5/60	5	\$46.52	\$232.60	\$232.60
21/60	401	\$46.52	\$18,654.52	\$18,654.52
10/60	191	\$46.52	\$8,885.32	\$8,885.32
9/60	119	\$46.52	\$5,535.88	\$5,535.88
18 18/60	22,143	\$46.52	\$1,030,092.36	\$1,030,092.36
27/60	139	\$46.52	\$6,466.28	\$6,466.28
18/60	2	\$46.52	\$93.04	\$93.04
30	810	\$46.52	\$37,681.20	\$37,681.20
15/60	6,625	\$114.76	\$760,285.00	\$760,285.00
2	96,000	\$73.81	\$7,085,760.00	\$7,085,760.00
15/60	12,000	\$73.81	\$885,720.00	\$885,720.00
10/60	4,000	\$114.76	\$459,040.00	\$459,040.00
1	1,000	\$114.76	\$114,760.00	\$114,760.00
15/60	525	\$114.76	\$60,249.00	\$60,249.00
20/60	47	\$46.52	\$2,186.44	\$2,186.44

Years Requested⁶ =

ourse of 3 Years =

34,441,621

Staff	Grade/Step	Salary
Federal Oversight		
Associate Branch Chief, CTOIB	14/10	\$181,216.00
Chief, CTOIB	15/10	\$191,900.00
Head CIRB	14/10	\$181,216.00
Nurse Consultant, DCP CIRB Liaison	14/10	\$181,216.00
CTMB, Branch Chief	15/10	\$191,900.00
PMB, Branch Chief	15/10	\$191,900.00
Contractor Cost		
Travel		
Other		
Total Cost		

For the Localit

Grade	Step 1	Step 2
1	\$ 29,299	\$ 30,282
2	32,945	33,728
3	35,947	37,145
4	40,351	41,696
5	45,146	46,650
6	50,326	52,003
7	55,924	57,788
8	61,933	63,997
9	68,405	70,685
10	75,329	77,840

11	82,764	85,522
12	99,200	102,506
13	117,962	121,894
14	139,395	144,042
15	163,964	169,429

% of Effort	Fringe (if applicable)	Total Cost to Gov't
50.000%		\$90,608.00
50.000%		\$95,950.00
5.000%		\$9,060.80
5.000%		\$9,060.80
25.000%		\$47,975.00
5.000%		\$9,595.00
		\$1,400,000.00
		\$0.00
		\$0.00
		\$1,662,249.60

Salary Table 2024-DCB y Pay Area of Washington-Baltimore-Arlington, DC-MD-VA-WV-PA Effective January 2024

Annual Rates by Grade and Step

Step 3	C+ 1			
Jiep 3	Step 4	Step 5	Step 6	Step 7
\$ 31,255	\$ 32,226	\$ 33,198	\$ 33,767	\$ 34,732
34,820	35,742	36,145	37,209	38,272
38,343	39,541	40,739	41,937	43,135
43,040	44,385	45,730	47,074	48,419
48,155	49,659	51,164	52,668	54,173
53,681	55,359	57,037	58,714	60,392
59,653	61,517	63,381	65,245	67,110
66,061	68,125	70,189	72,254	74,318
72,965	75,245	77,525	79,805	82,085
80,350	82,861	85,372	87,882	90,393

88,281	91,039	93,798	96,556	99,315
105,812	109,119	112,425	115,731	119,037
125,827	129,759	133,692	137,624	141,557
148,689	153,336	157,982	162,629	167,276
174,894	180,359	185,824	191,289	191,900

Step 8	Step 9	Step 10
\$ 35,703	\$ 35,742	\$ 36,649
39,336	40,399	41,463
44,333	45,531	46,729
49,763	51,108	52,452
55,677	57,182	58,686
62,070	63,748	65,425
68,974	70,838	72,703
76,382	78,446	80,510
84,366	86,646	88,926
92,904	95,414	97,925

102,073	104,832	107,590
122,343	125,650	128,956
145,489	149,422	153,354
171,923	176,570	181,216
191,900	191,900	191,900