



National Cancer Institute
Central IRB Initiative

Investigator at Affiliate Institution Without an IRB
(All contact forms must be submitted by the local IRB of the signatory institution.)

OMB#: 0925 – 0625

Expiry Date: 01/31/2014

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Contact information for Investigators at each affiliated institution is required. Please provide the CIRB with their contact information so they may receive study-related correspondence from the CIRB. Usernames and passwords for the Participant's Area of the Website will be sent via email to those listed below.

<input type="checkbox"/> Add	<input type="checkbox"/> Revise	Institution Name	
Investigator Name	First	Last	
Cooperative Group Affiliations (please select <i>all</i> Cooperative Groups with which this Investigator is affiliated) (ACOSOG <input type="checkbox"/> , CALGB <input type="checkbox"/> , COG <input type="checkbox"/> , ECOG <input type="checkbox"/> , GOG <input type="checkbox"/> , NCCTG <input type="checkbox"/> , NCIC CTG <input type="checkbox"/> , NSABP <input type="checkbox"/> , RTOG <input type="checkbox"/> , SWOG <input type="checkbox"/>)			
NCI Investigator Number		Email Address	
Telephone Number () -		Extension	
Street Address			
Street Address #2			
City		State	Zip

Remove Investigator(s)

NOTE: The individuals listed below will no longer receive study-related correspondence from the CIRB and will have their usernames and passwords revoked.

First Name	Last Name	NCI Investigator Number	Institution Name

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