OMB#0925-0753 Expiration Date: 5/31/2027

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.

**NCI CIRB**

**MEMBER CONFLICT OF INTEREST SCREENING WORKSHEET**

**MEMBER NAME:**

**DATE COMPLETED:**

The CIRBs follow standard operating procedures (SOPs) to ensure compliance with federal regulations and guidance. These SOPs include a Conflict of Interest Policy for CIRB members.

Identification and management of CIRB Member conflicts of interest is essential to maintaining the integrity of the NCI CIRB’s reviews. This form is meant to help members and the CIRB Operations Office identify a member’s actual or perceived conflicts of interest per CIRB SOPs. Please complete this worksheet and return it with your completed application and CV/Resume or Bio via email at cirbmembership@emmes.com

Please keep in mind as you answer the questions below, that CoI rules apply to the CIRB member and any family members.

1. CIRB Standard Operations Procedures (SOPs) prohibit employees of the NCI from serving on the NCI CIRB [SOP 4.2.4].

Are you an employee of the NCI?

[ ]  Yes

[ ]  No

1. Certain types of relationships with the NCI may create a real or perceived conflict of interest. In order to evaluate existing relationships, please indicate if you serve in any of the following roles with the NCI:
2. **Contractor** Yes [ ]  No [ ]

If yes, describe the nature of the contract and period of performance.

1. **Consultant** Yes [ ]  No [ ]

If yes, describe the consulting relationship and effective dates.

1. **Member of an NCI Committee, Coordinating Group, or governing body** Yes [ ]  No [ ]

If yes, describe the activity, role, dates in role, and, if available, please provide a link to the description of the committee.

1. **Have you received grant funding from the NCI?** Yes [ ]  No [ ]

If yes, provide the name and number of grant(s); grant PI, role, and funding dates

1. **Do you serve as a Study Chair/PI on any NCI-funded clinical trials?** Yes [ ]  No [ ]

If yes, please list the trial(s):

**f. Do you report to anyone with a primary role in the oversight, design, conduct, or analysis of an NCI-funded clinical trial?** Yes [ ]  No [ ]

If yes, identify the person, their role, and the clinical trial(s)

1. **Do you supervise anyone with a primary role in the oversight, design, conduct, or analysis of an NCI-funded clinical trial?** Yes [ ]  No [ ]

If yes, identify the person, their role, and the clinical trial(s):

1. **Do you, or an immediate family member, have a financial interest of $5,000 or more in any oncology-related agents/devices/enterprises?**

[ ]  Yes- You

[ ]  Yes- Family Member

[ ]  No

If yes, please list the agents/devices/enterprises:

1. **Have you, or an immediate family member received any compensation from any oncology-related enterprise or pharmaceutical company within the last two years?**

[ ]  Yes- You

[ ]  Yes- Family Member

[ ]  No

If yes, please list the enterprises or companies: