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 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 (0925-0753). Do not return the completed form to this address.

**Requesting an Assent Waiver Worksheet**

1. Submitting User Information

Name:

Email:

2. Enter the Study ID Number. (Required)

3. Name of the investigator requesting this waiver. (Required)

4. Enter the email address of the investigator who is requesting this waiver. (Required)

5. Please attach the Waiver of Assent letter from the requesting investigator. (Required)

6. Signatory Institution. (Required)

7. Enter the age of the child. (Required)

8. Enter the Study Participant(s) Registration Number(s) or another unique anonymous identifier for the specific child. (Required)

9. Describe the reason the child cannot provide assent. (Required)

10. Please attach any other supporting documents.