



**RESEARCH ETHICS BOARD**  
**DSMB/Safety Summary Reports**  
*Typed Original Signed Hardcopies ONLY*

**DO NOT STAMP OR AMEND THE REB SUBMISSION FORM**

**DO NOT SEND BY FAX OR EMAIL**

|  |  |                              |  |
|--|--|------------------------------|--|
| Submission Date:                             |  | HRH REB Number:              |  |
| PRINCIPAL INVESTIGATOR:                      |  |                              |  |
| STUDY TITLE:                                 |  |                              |  |
| SPONSOR NAME:                                |  |                              |  |
| PROTOCOL NUMBER:                             |  | PROGRAM:                     |  |
| DATE OF STUDY START-UP<br>(ACTIVATION DATE): |  | DATE CLOSED TO<br>ENROLMENT: |  |
| REB EXPIRY DATE:                             |  |                              |  |

Data Safety Monitoring Board Report/Safety Committee Reports

|   |       |                                   |
|---|-------|-----------------------------------|
| <input type="checkbox"/> DSMB Report    | Date: | <input type="checkbox"/> Attached |
| <input type="checkbox"/> DSMC / IDMC    | Date: | <input type="checkbox"/> Attached |
| <input type="checkbox"/> Safety Report  | Date: | <input type="checkbox"/> Attached |
| <input type="checkbox"/> Sponsor Letter | Date: | <input type="checkbox"/> Attached |

|                   |  |
|-------------------|--|
| Summary of Report |  |
|-------------------|--|

PRINCIPAL INVESTIGATOR'S SIGNATURE

The signature below confirms that I have reviewed the submitted report(s), assessed the relationship to the study intervention and its safety implications. I understand that failure to attach supporting documentation will delay REB review.

|  |   |               |
|--|---|---------------|
| _____<br>Print<br>Name of Principal Investigator | _____<br>Signature of<br>Principal Investigator | _____<br>Date |
|--|---|---------------|

**DO NOT FAX OR EMAIL.**

**SEND TYPED SIGNED ORIGINAL TO THE OFFICE OF RESEARCH ETHICS,  
HUMBER RIVER HOSPITAL, 200 CHURCH STREET, ROOM CB-21,  
WESTON, ONTARIO M9N 1N8  
Phone: 416-243-4562**

|                     |                     |
|---------------------|---------------------|
| REB Date of Receipt | Database Entry Date |
|---------------------|---------------------|