



RESEARCH ETHICS BOARD
Updated Investigator
Brochure/Product Monograph
Typed Original Signed Hardcopies ONLY

DO NOT STAMP OR AMEND THE REB SUBMISSION FORM

DO NOT SEND BY FAX OR EMAIL

- REB does not acknowledge the receipt of Investigator Brochure(s)/ Product Monograph(s)
- Upon receipt of an updated Investigator Brochure(s)/Product Monograph(s) only the cover page of the previous Investigator Brochure(s)/Product Monograph(s) will be retained in the REB Study File

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

<u>Investigator's Brochure(s)</u>		
Drug	Date	Version #
<u>Product Monograph(s)</u>		

The above listed Investigator Brochure(s)/or Product Monograph(s) have been forwarded to the appropriate pharmacy(ies).

Church Finch

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
----------------------------	----------------------------

PRINCIPAL INVESTIGATOR'S SIGNATURE

My signature attests that as Principal Investigator, I have assessed the updated revisions and have provided updated copies of the Investigator's Brochure(s) and/or Product Monograph(s) to the appropriate pharmacy(ies).

_____	_____	_____
Print	Signature of	Date
Name of Principal Investigator	Principal Investigator	