



**RESEARCH ETHICS BOARD**  
**Publications/Abstracts/Final Report**  
*Typed Original Signed Hardcopies **ONLY***

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

**DO NOT SEND BY FAX OR EMAIL**

***This form is to be used only if all data have been collected, contact with participants has concluded, the site has been closed and the study is ready for archiving.***

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:			

Attach all articles that have been published or presentations given using the results of this study.

---

Please provide a brief summary of the study:

---

PRINCIPAL INVESTIGATOR'S SIGNATURE

_____	_____	_____
Print Name of Principal Investigator	Signature of Principal Investigator	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**

<b>REB Date of Receipt</b>	<b>Database Entry Date</b>