



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 (ACTIVATION DATE):		DATE CLOSED TO 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	
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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.

_____ Print Name of Principal Investigator	_____ Signature of Principal Investigator	_____ Date
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DO NOT FAX OR EMAIL
SEND TYPED SIGNED ORIGINAL TO:
HUMBER RIVER HOSPITAL
RESEARCH ETHICS BOARD
1235 WILSON AVENUE, ROOM 3B2002
TORONTO, ONTARIO M3M 0B2
Phone: 416-242-1000 x81263

REB Date of Receipt	Database Entry Date
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