



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

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	

DO NOT FAX OR EMAIL

SEND TYPED, SIGNED ORIGINAL TO:

**HUMBER RIVER HOSPITAL
1235 WILSON AVENUE, ROOM 3B2002
TORONTO, ONTARIO M3M 0B2**

Phone: 416-242-1000 x81263