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| **NOTIFICATION REPORT TO THE JOINT GROUP HEALTH CENTRE (GHC) /**  **SAULT AREA HOSPITAL (SAH) RESEARCH ETHICS BOARD** |

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| *For REB Office Use Only:* | | **Full Study Title (include Sponsor Name & Protocol Number, if applicable):** | | |
| Date Received by REB Office: | |  | | |
| Principal Investigator: |  | | REB Project Number: |  |

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| **NOTIFICATION OF:**  ***(append relevant document[s])*** | | **DETAILS (date, version/edition number, name of investigational product, manufacturer control number, publication title, reporting period, etc.):** |
|  | Investigator Brochure |  |
|  | Product Monograph |  |
|  | Publication |  |
|  | Data Monitoring/Data Safety Monitoring Committee Report |  |
|  | SUSAR Report |  |
|  | Other Safety Report |  |
|  | Local Serious Adverse Event |  |
|  | Study Enrollment Closure |  |
|  | Miscellaneous (specify): |  |

**Original signature of the PI or Designate is required for the study file**

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| Signature of Principal Investigator  (or Designate): | |  | | --- | |  | |
| Date of Submission: | |  | | --- | |  | |

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| **List of Appended Documents/Notifications (These documents must have a date and a version number):** | |
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*\*If more space is needed, append a separate page*