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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): |

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| 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*