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|  | RID No.: |  |
|  | Contact Person: |  |
|  | Submission Date: |  |

**LHREB SAFETY & NOTIFICATION FORM**

The Lakeridge Health Research Ethics Board (REB) exists to ensure that all research involving human participants conducted at LH meets the highest ethical and acceptable scientific and safety standards. These guidelines are in compliance with the requirements for continuing ethical review as set out in the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans Version 2 (TCPS),* the *International Conference on Harmonization Good Clinical Practice (ICH/GCP)*, and *Part C, Division 5 of the Food and Drug Regulations of Health Canada.*

This form should be used when submitting the following documents: IBs, Safety Information, Data Safety Monitoring Board Letters, Dear Investigator Letters, Clarification Letters and any other Notification Letters that require acknowledgment from the Lakeridge Health REB.

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| **Full Study Title & Protocol No.:** |  | | |
| **Principal Investigator:** |  | **Email:** |  |

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| **Items Received:** | |
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**Principal Investigator Declaration:**

I have received the above indicated documents from the sponsor of this study. As the Principal Investigator, I have assessed the safety implications for the study at Lakeridge Health, and attest that:

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|  | There are no safety implications, thus no changes to the protocol, consent form and/or other documents as originally approved by the REB. |
|  | Changes are required to the protocol, consent form and/or other documents. |
| Attached is the *Amendment Form* and/or *Protocol Deviation Form* for review/approval by LH REB. If no forms are attached, please indicate reason: |

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| Print Name | Signature of Principal Investigator or Designate | Date |