

Optimum ERB Submission Checklist

Please ensure that the following information is provided to the Board for each submission:

- Study Protocol
- Copy of the Investigational Drug Brochure/Product Monograph/Product Information (if applicable)
- Electronic copy of the Consent Form (must provide an electronic copy in Word format)
- Copy of Curriculum Vitae and Copy of Current Medical License (for Principal Investigators only)
- Completed Site Questionnaire (for each Principal Investigator)

ALL FIELDS BELOW MUST BE COMPLETED:

Protocol No. _____ Sponsor: _____

Date Submitted: _____ Expected Study Start Date: _____

Other documents submitted: (please list ads, amendments, etc.) _____

Please forward **invoice** for review to: _____

Submitter's Information

Signature: _____ Name: _____

Tel#: _____

Email _____

PLEASE SEND THE ABOVE DOCUMENTS TO:

OPTIMUM Clinical Research Inc. –

ERB Co-Ordinator

Email: info@optimumberb.ca

Office Address: 604 Taunton Rd. W., Oshawa, Ontario, L1L 0N9

Current Mailing Address: 442 Athol St. E., Oshawa, Ontario L1H 1L4

Tel: (905) 442-2797