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: paula@optimumerb.ca

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