



SCARBOROUGH HEALTH NETWORK RESEARCH ETHICS BOARD
DATA SAFETY MONITORING BOARD REPORTS

SHN Study No.: _____
Submission Date: _____

Please note, as of January 1st 2019, all researchers are required to have TCPS2 Certification. If you have not already done so, please provide your certificate.

This form is to be used **ONLY** with the submission of Data Safety Monitoring Board (DSMB) Reports
Use **one** form per report

LOCAL PRINCIPAL INVESTIGATOR			
FULL PROTOCOL TITLE		SRH STUDY NUMBER	
Name of Sponsor		Name of Person Completing Form:	
# patients enrolled at SRH to date			# of patients enrolled study wide to date

I confirm to the Research Ethics Board that I have reviewed the relevant sponsor generated Data Safety Monitoring Board report and in my opinion: (check all that apply)

- Study participants do not require notifications of the findings of the report
- No change is required to the protocol or the Information and Consent Form as a result of this new information
- The protocol requires an amendment. The rationale and specific changes have been submitted in an amendment summary
- The Information and Consent Form require changes. A revised consent form has been submitted with all changes highlighted or underlined.

Printed Name of Principal Investigator Signature of Principal Investigator Date

The signature attests that the Principal Investigator has reviewed the report and its safety implications and the accuracy of the form.

Submit signed original: Research Office, Scarborough & Rouge Hospital, 3050 Lawrence Avenue East, Room 1.245, 1st Floor, Scarborough, Ontario, M1P 2V5