**Canadian SHIELD**
**Ethics Review Board**
OHRP Registration IORG0003491
FDA Registration IRB00004157
Registered with CAREB, NCEHR

501 Deerhurst Drive,
Suite 102,
Burlington, ON L7L 5T1

Phone: (905) 681 8661
Fax: (905) 681 8668
www.cserb.com

# SITE INFORMATION FORM (PHASE IV)



A third party, such as a CRO or SMO may complete this form on behalf of a site.

*If there are site-specific issues such as changes to the consent or site-specific advertising that is not consistent with a centrally approved consent or the central advertising campaign, the **site must complete this form**.*

Study Sponsor: _____
Protocol Number: _____
Protocol Name:
_____
_____
_____

| Section A - Investigator Information | | | |
|---|---|---|---|
| 1 | **Full Name:** | | |
| 2 | **Site Address:** *(Street, City, Province, Postal Code)* | | |
| 3 | **Mailing Address:** *(Street, City, Province, Postal Code)* | | Same as Site ☐ |
| 4 | **Phone:** (____) _____ | **Fax:** (____) _____ | **E-mail:** |
| 5 | **Preferred method to receive study documents?** *(check one)* | | ☐ E-mail ☐ FAX ☐ Regular Mail |
| 6 | **General Practice:** ☐ | **Specialty:** ☐ explain: | |
| 7 | **Medical License #:** | **Expiration Date:** | **Restrictions? No** ☐ **Yes** ☐ explain: |

| Section B - Study Coordinator Information | | | |
|---|---|---|---|
| 1 | **N/A**☐ **Full Name:** | | |
| 2 | **Phone:** (____) _____ | **Fax:** (____) _____ | **E-mail:** |

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### Section C – Confidentiality

1

**What precautions will be used to maintain the confidentiality of identifiable health information?**

- ☐ Paper based records will be kept in a secured location.
- ☐ Computer based files will only be available to personnel involved in the study.
- ☐ Whenever feasible, identifiers will be removed from study-related information.
- ☐ Other *(specify):*_____

### Section C – Recruitment, Consent & Participant Payment Information:

1 **Are any site-specific recruitment materials attached?** ☐ *Yes ☐ No

**If yes, check all that are attached*

☐ Newspaper ☐ Letter ☐ Office Posting
☐ Brochure ☐ Web Site ☐ Other_____

2 **Please indicate the language(s) of the participants the PI plans to enroll**. *The consent form must be in a language easily understood by the participant, and all consent form translations must be approved by CSERB.*

- ☐ English
- ☐ French
- ☐ Other: _____

3 Contact information to be listed in the Consent Form:
Contact name and phone number for **questions ( patient rights, etc) about the study**:
*(default can be Canadian SHIELD Ethics Review Board)*

Name_____

Phone number(s): (____) _____ ☐ Office Hours ☐ 24 hours ☐ Pager (check all that apply)

4 **Please provide participant payment information:** ☐ N/A

- ☐ Participants will not be paid.
- ☐ Participants will be reimbursed for travel and or parking as follows:

_____

### Section D - Confirmation of Information

1

_____
**Printed or Typed Name of Person Completing This Form** **Affiliation / Title**

*I certify that the information contained above is accurate. I acknowledge Canadian SHIELD Ethics Review Board has the authority to oversee this study and suspend the study if necessary to protect the rights and welfare of the study participants. I agree to provide Canadian SHIELD Ethics Review Board with the information they require to conduct initial and continuing review of this study on a timely basis and that if the information is not provided, Canadian SHIELD may suspend the study.*

_____ _____
**Signature** **Date**

(____) _____
**Phone number**