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

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SITE INFORMATION FORM (NON-CTA TRIALS)

As part of the requirements for Ethics Approval, CSERB must be assured that the Principal Investigator, who is legally responsible for the conduct of the research, has sufficient resources (ICH E.6 4.2 and TPD GCP) to manage the responsibilities assigned as part of the research, including the protection of the trial participants. In addition, the Principal Investigator must be able to personally oversee the proposed research (21 CRF 56.102 (b)).
If previously submitted (within 12 months), only updated information is required.

Section A - Principal Investigator Information				
1.	**Full Name:**			
2.	**Mailing Address:** *(Street, City, Province, Postal Code)*			
3.	**Phone:** (____) _____	**Fax:** (____) _____	**E-mail:**	
4.	**General Practice:** ☐	**Specialty:** ☐ explain:		
5.	**Medical License #:**	**Restrictions?: No** ☐ **Yes** ☐ explain:	**Expiration Date:**	**Province:**

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

Section C - Confirmation of Information

_____
Printed or Typed Name of Person Completing This Form

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**

Protocol Title:	
Protocol Number:	
Sponsor:	