Optimum ERB Submission Checklist

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

- **1 Protocol**
- **1 Copy of the Investigational Drug Brochure/Product Monograph** (if applicable)
- **1 electronic copy of the Consent Form** (**must** provide an electronic copy in Word format)
- **1 copy of Curriculum Vitae and Copy of Current Medical License** (for Principal Investigators only)
- **1 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:
** Note: Include sponsor address and contact

□ Site(s)
□ Sponsor_____
□ Other_____

Submitter's Information

Signature:_____Name:_____

Tel#:_____

Fax#_____ Email_____

Documents Shipment Invoicing: Please check one:

□ Send Original Approvals by Fedex (Please provide Account Number to be billed for document shipment) _____OR
□ Send Original Approvals by Fedex & Invoice as above
□ Send Original Approvals by Mail
□ Retain Originals, send Approval Documents by email

PLEASE SEND THE ABOVE DOCUMENTS TO: OPTIMUM Clinical Research Inc. – 604 Taunton Rd. W., Oshawa, Ontario, L1H 7K4 - Tel: (905) 442-2797 - Fax: 1-800-878-9494 Email: optimumerb@yahoo.com