

**Research Ethics Board**

**External Research Notification Form**

This form is to be completed by local MGH Investigators conducting external research to ensure that Michael Garron Hospital and the Research Ethics Board are informed by you of any external research that you as an investigator have instituted and are conducting outside of MGH that you should receive acknowledgement for.

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| --- | --- | --- | --- | --- |
| SECTION 1 – Study Identification | | | | |
| Full Study Title: | | | | |
|  | | | | |
| SECTION 2 – Contact Information | | | | |
| Local MGH Principal Investigator: | | | | |
| Department / Division / Program: | | | | |
| Telephone: | | | | |
| Email Address: | | | | |
| Name of Person Completing the Form & Role: | | | | |
| Address: | | | | |
| Telephone: | | | | |
| Email Address: | | | | |
|  | | | | |
| SECTION 3 – Brief Summary of Study | | | | |
|  | | | | |
|  | | | | |
| SECTION 4 – Funding | | | | |
| Funded  Not Funded | | | | |
| If Funded, Source of Funding: | | | | |
| Amount: | | | | |
|  | | | | |
| SECTION 5 – Provide Details of Where the Study is Taking Place | | | | |
|  | | | | |
|  | | | | |
| SECTION 6 – Comments / Notes | | | | |
|  | | | | |
|  | | | | |
| SECTION 7 – MGH Local Principal Investigator Signature | | | | |
|  |  |  |  |  |
| Print Name |  | Signature |  | Date (dd/mmm/yyyy) |

**Return to**:

Research Department

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