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| **Research Ethics Board (REB)-Delegated Review Report** FORM 2 |

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| **Project Identification Number:** |  |
| **Project Title:** |  |
| **Principal Investigator:** |  |
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**CONTENTS** (please check the contents that have been reviewed)













  
For example: data collection forms, telephone scripts, advertisements, etc.

**OVERALL REVIEW** (please check that all of the following are met and if not, define deficiency)











**ADDITIONAL COMMENTS AND/OR SUGGESTIONS**



**RECOMMENDATIONS**









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| **Reviewer:** |  |
| **Date:** |  |
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