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

|  |  |
| --- | --- |
|  |  |
| **Project Identification Number:** |  |
| **Project Title:** |  |
| **Principal Investigator:** |  |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**









\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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