CLINICAL TRIALS ONTARIO

661 University Avenue, Suite 460
MaRS Centre, West Tower
Toronto, Ontario
M5G 1M1 Canada
www.ctontario.ca

Annual Report for CTO Qualified REBs

This report is intended to collect information about any changes occurring over the last year (e.g., since the Qualification review or previous annual report). Please complete and sign this report and email it to CTO at **qualification@ctontario.ca** along with the documents requested.

Please complete this form by either checking the appropriate box and/or providing responses as applicable.	
Annual Report Due Date (YYYY/MM/DD):	
SECTION 1 - General Information	
a) Name of Qualified Research Ethics Board (REB)	(b) CTO Qualification Date
c) Is there an Annual Report available either electronically or in hard copy? ☐ Yes ☐ No If yes, please provide a hard copy or the link to an online version:	
SECTION 2 – REB Governance, Mandate, Authority, Membership	
a) Have there been any changes to the REB governance, mandate or authority in the past year? ☐ Yes ☐ No If yes, please provide details of the changes, and any supporting documents as applicable:	
b) Have there been any changes to the REB membership in the past year? ☐ Yes ☐ No If yes, please provide details of the membership changes: ☐ **Option 1**: Copy of current REB membership list enclosed ☐ **Option 2**: Current REB membership list is publicly available. Please provide website link:	

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SECTION 3 - REB Standard Operative Procedures

a) Have there been any changes to the REB Standard Operating Procedures (SOPs) in the last year?

☐ Yes ☐ No

If yes, please provide details of the changes:

☐ **Option 1**: Copy of REB SOPs enclosed
☐ **Option 2**: REB SOPs are publicly available. Please provide website link:

SECTION 4 - REB Templates and Application Forms

a) Have there been any changes to the REB's template Informed Consent Form, Consent form guidance documents or checklists (as applicable) in the last year?

☐ Yes ☐ No

If yes, please provide details of the changes:

☐ **Option 1**: Copy of updated materials enclosed
☐ **Option 2**: Materials are publicly available. Please provide website link:

b) Have there been any changes to the REB application form(s) in the last year?

☐ Yes ☐ No

If yes, please provide details of the changes:

☐ **Option 1**: Copy of updated materials enclosed
☐ **Option 2**: Materials are publicly available. Please provide website link:

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SECTION 5 - REB Compliance Inspections

a) Has the REB been inspected by a regulatory agency such as the Food and Drug Administration within the last year?

☐ Yes ☐ No

If Yes:

	When was the inspection? (YYYY/MM/DD)	Type of inspection		Is the report available for review?
		Routine	For Cause	
1		☐	☐	☐ Yes ☐ No
2		☐	☐	☐ Yes ☐ No

SECTION 6 – Other Material Changes

a) Have any other material changes (e.g., related to the CTO REB Qualification Checklist) been made in the last year?

☐ Yes ☐ No

If yes, please provide details of the changes:

Please provide copies of associated material as applicable

This form has been completed by:

Print Name:	**Signature:**
Title:	**Date:**