Health Canada Santé Canada

RESEARCH ETHICS BOARD ATTESTATION
Natural Health Products Directorate

An attestation must be completed by the Research Ethics Board that reviewed and approved the clinical trial protocol and informed consent form for this clinical trial at the site below. The completed attestation must be retained by the clinical trial sponsor for a period of 25 years.

Part 1: Clinical Trial Protocol Information			
Please check one of the following: ☐ **Clinical Trial Application (CTA)** ☐ **Clinical Trial Application Amendment (CTA-A)**			
Protocol Title			
Protocol # (if known)			
Part 2: Natural Health Product (NHP) / Sponsor Information			
A. NHP Information			
Brand Name / Product Code:			
Medicinal Ingredient(s): ☐ See Clinical Trial Application and Attestation Form Submission Number (if known):			
B. Sponsor of Clinical Trial			
Name of Sponsor (Full Name – No Abbreviations)			
Street / Suite / PO Box			
City / Town	Province / State	Country	Postal / ZIP Code
C. Contact for this Clinical Trial			
Contact Name	E-mail		
Company Name (Full Name – No Abbreviations)			
Street / Suite / PO Box			
City / Town	Province / State	Country	Postal / ZIP Code
Telephone No.	Fax No.		

Canada

Part 3: Clinical Trial Site Information

A. Clinical Trial Site

Name of Site (Full Name – No Abbreviations)		
Street / Suite / PO Box		
City / Town	Province	Postal Code

B. Qualified Investigator

Name	Title	Language Preferred ☐ English ☐ French
Street / Suite / PO Box		
City / Town	Province	Postal Code
E-mail	Telephone No.	Fax No.

Attach separate sheets (same format) for each Clinical Trial Site.

Number of pages attached:

C. Research Ethics Board Approval	☐ Includes member knowledgeable in complementary or alternative health care (identify member and expertise in the cover letter)
Name of Research Ethics Board	Date of Approval
Street / Suite / PO Box	
City / Town	Province / Postal Code

Name of Research Ethics Board Chair	Telephone No.	Fax No.	Language Preferred ☐ English ☐ French
Title	E-mail		

In respect of the identified clinical trial, I certify, as representative of this Research Ethics Board that:

1. The membership of this Research Ethics Board complies with the membership requirements for Research Ethics Boards defined in Part 4 of the *Natural Health Products Regulations*;
2. This Research Ethics Board carries out its functions in a manner consistent with Good Clinical Practices; and
3. This Research Ethics Board has reviewed and approved the clinical trial protocol and informed consent form for the trial which is to be conducted by the qualified investigator named above at the specified clinical trial site. This approval and the views of this Research Board have been documented in writing.

Name, Title and Signature of Research Ethics Board Representative		Date					
Name:	Title:	YYYY		M		D	
Signature:							