Service Provider
Approved Clinical Research Trial Reporting

Protected B (when completed)

Reset Form

This information is collected under the authority of section 33(a) and 39(1)(a) of the *Freedom of Information and Protection of Privacy* (FOIP) *Act*, sections 20(a), 27(1)(f) of the *Health Information Act* (HIA), and the *Mental Health Services Protection Act* (MHSPA). Under section 47 of the MHSPA Regulation, service providers who offer or provide psychedelic drug treatment services in the context of an approved clinical research trial are required to provide a report of the trial to the government. Your information will be managed in accordance with the *FOIP Act* and the *HIA*. Should you have any questions about the collection, use, or disclosure of this information, you may contact Alberta Mental Health and Addiction at 780-427-8740 (310-000 toll free) or Telus House – 13th Floor, 10020 100 St. NW, Edmonton AB, T5J 0N3.

Select type of reporting:

☐ Reporting on a clinical research trial within 60 days of having received initial approval of the clinical research trial by a research ethics board, or

☐ Reporting on any amendments made to a clinical research trial in reference to a previously submitted report and within 60 days of the amendments having received approval by a research ethics board

A – Service Provider (Researcher) Information

Full Legal Name of Service Provider/Business/Agency

Service Provider Website

Mailing Address	City or Town	Province/Territories	Postal Code
		NU	

Service Provider Contact - Last Name	Service Provider Contact - First Name	Service Provider Contact - Title

Service Provider Contact - Main Phone	Service Provider Contact - Alternate Phone	Service Provider Contact - Email

Alternate Contact - Last Name	Alternate Contact - First Name	Alternate Contact - Title

Alternate Contact - Main Phone	Alternate Contact - Alternate Phone	Alternate Contact - Email

B – Services/Facility Location Information

Location/Facility Name

Street Address	City or Town	Postal Code

Mailing Address, if different from above	City or Town	Postal Code

Facility Contact - Last Name	Facility Contact - First Name	Facility Contact - Title

Facility Contact - Main Phone	Facility Contact - Alternate Phone	Facility Contact - Email

Date on which the clinical trial is scheduled to commence (yyyy-mm-dd)	Date on which the clinical trial is scheduled to end (yyyy-mm-dd)

C – Clinical Research Trial Reporting Requirements

Provide the identification number and any other information that identifies the clinical research trial approved by a research ethics board.

Identify the principal investigators for the trial (Include for each investigator their full name and a brief description of their role in the trial).

Identify the drugs and their corresponding dosages that will be administered in the clinical research trial.

Provide the indications for which the drugs are being used and the circumstances or conditions under which the drugs are or will be used in the clinical research trial.

Describe the setting prepared and maintained for the clinical research trial.

Provide a summary of the clinical research trial.

If you have existing data/information reporting requirements that collect the above data/information, as set out under section C, for another purpose or for another body such as the:

- Health Research Ethics Board of Alberta, Alberta Innovates
- Conjoint Health Research Ethics Board, University of Calgary
- Health Research Ethics Board, University of Alberta

You may submit the required information in that form or format in lieu of completing section C above.

Please submit the application form and required documents using one of the methods below:

Mail

Alberta Mental Health and Addiction
Attn: Compliance and Monitoring Unit
Telus House, 13th floor
10020 100 Street NW
Edmonton, Alberta T5J 0N3

Email

amh.cam@gov.ab.ca