

## INVESTIGATOR REPORT OF CIOMS OR IND SAFETY REPORTS

<Insert Letter head>

Enquiries to:  
Phone:  
Fax:  
HREC Reference No:  
E-mail:

<Date>

HREC Manager  
RANZCO HREC  
94 – 98 Chalmers St.  
Surry Hills 2010 NSW

**RE: <RANZCO HREC approval number and title>**

Dear Chair,

Please find enclosed CIOMS/IND Safety Report <number>, submitted to us by <sponsor> for the above referenced study.

In my opinion, information contained in this CIOMS/IND Safety Report has the following impact <explain in terms of continued scientific and ethical acceptability> and (does/does not) require a change to our approved Participant Information and Informed Consent Form. (Enclose revised consent form when a change is being requested).

If you have any questions, please contact me.

Yours sincerely,

<Signature>  
Principal Investigator

Copy: Study file

Enc (if applicable)

The Royal Australian and New Zealand College of Ophthalmologists			Version:	1.1
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Unless signed and dated by the College Manager, this document is uncontrolled at the time of printing.			Date:	11 FEB 2011
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