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| *For Administrative Use Only* | |
| REB Number: | Date Received: |



**Request for Ethics Review**

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| 1. Principal Investigator (applicant)  Surname:  Given Name(s):  Position:  Institution (if not VCC):  Faculty / Dept.: | | 2. Direct Supervisor/Faculty Advisor  Surname:  Given Name(s):  Position:  Institution (if not VCC):  Faculty / Dept.: | | | 3. VCC contact (if applicant outside VCC):  Surname:  Given Name(s):  Position:  Faculty / Dept.: | |
| 4. Research is: Behavioural  Clinical | 5. Source of Funds: | | | | | |
| 6. Project Period (YYYY-MM-DD): From:       To: | | | | | | |
| 7. Indicate the Institutions where the Research will be Carried Out:  VCC  Other: | | | | | | |
| 8. Mailing Address for Correspondence:  Principal Investigator / Faculty or Staff Advisor  Co-Investigator / Student | | | | Phone Number:  Fax Number:  E-Mail Address: | | |
| 9. Title of Project: | | | | | | |
| 10. Summary of Purpose and Objectives of Project | | | | | | |
| Research for a undergrad degree  Research for a graduate degree  If you checked either of these boxes, did you submit your Dissertation or Thesis acceptance letter?    Research for a Graduate Degree | | | | | | |
| 11. Principal Investigator (applicant)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 12. Thesis Supervisor/Faculty Advisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 13. VCC contact (if applicant external to VCC)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14. Summary of Methodology and Procedures. (If your study involves deception, you must also complete Form 14, ‘Deception Form’. For clinical research, include details of any specific manipulations; type, quantity, and route of administration of drugs and radiation; operations; tests; use of medical devices that are prototype or altered from those in clinical use; interviews or questionnaires.) \**All submissions must include a copy of the research plan or protocol for the research to be conducted.*  Does the study involve the withdrawal of blood or other bodily fluids? Yes No  Will you be using radiation? Yes No | | | | | | |

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| 15. Co-Investigators and Students (if applicable) |
| Surname:       Given Name(s):  Job Title:  Institution:  Faculty / Department:  Division (If applicable): |
| Surname:       Given Name(s):  Job Title:  Institution:  Faculty / Department:  Division (If applicable): |
| Surname:       Given Name(s):  Job Title:  Institution:  Faculty / Department:  Division (If applicable): |

**Description of Population (boxes 16-21)**

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| 16. How many participants will be needed?      How many in the control group (if applicable)?        Minimum number of participants required for the study?  How many normal participants (if applicable)?      Is this a multi-centre trial?  Yes  No |
| 17. Who is being recruited, and what are the criteria for their selection? |
| 18. Who will be excluded from participation? |
| 19. How are the research participants being recruited? (If the initial contact is by letter or if a recruitment notice is to be posted, attach a copy. Note that the Research Ethics Board discourages initial contact by telephone. However, surveys using random digit dialling may be allowed. If your study involves such contact, you must also complete the ‘Telephone Contact’ form, Form 15.) |
| 20. If a control group is involved, and its selection and/or recruitment differs from the above, provide details: |
| 21. If a normal group is involved, and its selection and/or recruitment differs from the above, provide details: |

**Project Details (boxes 22-28)**

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| 22. Where will the project be conducted (room or area)? |
| 23. Who will conduct the study and what are their qualifications? |
| 24. Will the group of research participants have any problems giving informed consent on their own behalf? (Consider physical or mental condition, age, language, and other barriers.) |
| 25. If the research participants are not able to give fully informed consent, who will consent on their behalf? |
| 26. What is known about the risks and benefits of the proposed research? Do you have additional opinions on this issue? |
| 27. What discomfort or incapacity are the research participants likely to endure as a result of the experimental procedures? |
| 28. Provide details of any known side effects which may result from the experimental treatment. |
| 29. *For clinical research only*: What procedures in this project involve an experimental approach that may include options for diagnostic procedures or treatment dictated by the protocol rather than those required for standard patient care? Are any of the procedures, devices, or diagnostic tests used during this study still in the experimental stage? If yes, please specify and identify any known or anticipated risks associated with these. |
| 30. *For clinical research only***:** What provisions are made to break the code of a double-blind study, if applicable? Who has the code? |
| 31*. For clinical research involving the administration of drugs*, the applicant must demonstrate that approval for the research has been sought from the Therapeutic Products Directorate of Health Canada.  N/A  Approval has been sought  Approval has not been sought |
| 32. If monetary compensation is to be offered to the participants, provide details of amounts and payment schedules. Include a description of how the payments will be pro-rated if the subject withdraws from the study. |
| 33. How much time will a research participant have to dedicate to the project? |
| 34. How much time will a member of the control group, if any, have to dedicate to the project? |

**Data (boxes 35-40)**

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| 35. Who will have access to the data? |
| 36. How will the confidentiality of the data be maintained? |
| 37. What are the plans for the future use of the raw data beyond the uses described in this protocol? How and when will the data be destroyed? |
| 38. Will any data that identifies individuals be available to persons or agencies outside the college? If yes, who and for what purpose will the data be released? Describe any steps you will take to ensure that data released will be maintained in the same level of confidentiality that you describe in box #36. |
| 39. Are there any plans to give feedback to the research participants? If yes, describe how you plan to do so. |
| 40. Will your project use  Questionnaires (Submit a copy)  Interviews (Submit a sample of questions)  Observations (Submit a brief description)  Tests (Submit a brief description) |

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| 41. Funding information:  Agency / Source of Funds: Internal External  Funds Administered by:  VCC  Other:  VCC Research Budget Account Number:  Status:  Awarded Pending  Peer Review: Yes No If no, please explain:  Copy of funding application included:  Yes  No  Funding Start Date (YYYY-MM-DD):       Funding Finish Date (YYYY-MM-DD): |
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| 42. Conflict of interest: declaration regarding conflict  Is there any aspect of this proposal that raises concerns about a conflict of interest?  Yes (If yes, explain.)  No |

**Informed consent (boxes 43-44)**

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| 43. Who will consent?  Research participant  Agency Officials  Parent or Guardian.  (Written parental consent is always required for research in K-12, and an opportunity must be presented either verbally or in writing to the students to refuse to participate or withdraw. A copy of what is written or said to the students should be provided for review by the Research Ethics Board.) |
| 44. In the case of projects carried out at other institutions, the Board requires written proof that agency consent has been received. Please specify below:  Research Carried Out at a Hospital - Approval of hospital research or ethics Board.  Research Carried Out at a School (K-12) - Approval of school board and/or principal. Exact requirements depend on individual school boards. Check with school boards for details.  Research Carried Out in a Provincial Health Agency - Approval of Deputy Minister.  Other – Specify: |

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| 45. Questionnaires should contain an introductory paragraph or covering letter that includes the following information.  Please check each item in the following list before submission of this form to insure that the instruction contains all necessary items.  Institutional letterhead.  Title of project.  Identification of the investigators, including a phone number.  A brief summary that indicates the purpose of the project.  The benefits to be derived.  A full description of the procedures to be carried out in which the subjects are involved.  A statement of the research participant’s right to refuse to participate or right to withdraw at any time without jeopardizing further treatment, medical care, or class standing, as applicable. (Note: This statement must also appear on explanatory letters involving questionnaires.)  The amount of time required of the research participant.  The statement that if the questionnaire is completed it will be assumed that consent has been given. This is sufficient if the research is limited to questionnaires; any other procedures or interviews require a consent form signed by the subject.  An explanation of how to return the questionnaire.  Assurance that the identity of the subject will be kept confidential and a description of how this will be accomplished; e.g. “Don’t put your name on the questionnaire”.  For surveys circulated by mail, a copy of the explanatory letter as well as a copy of the questionnaire. |

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| 46. The Research Ethics Board requires written consent in all *cases other than those limited to questionnaires*. Please check each item in the following list before submission of this form to ensure that the *written consent form* that you attach to your application contains all necessary items.  Institutional letterhead.  Title of the project.  Identification of investigators, including a telephone number. Research for program requirements or graduate thesis should be identified as such, and the name and telephone number of the faculty advisor included.  Brief but complete description in lay language of the purpose of the project and of all procedures to be carried out in which the subjects are involved: indicate if the project involves a new or non-traditional procedure whose efficacy has not been proven in controlled studies.  Assurance that the identity of the research participant will be kept confidential and description of how this will be accomplished, i.e. describe how records in the principal investigator's possession will be coded, kept in a locked filing cabinet, or under password if kept on a computer hard drive.  Statement of the total amount of time that will be required of a research participant.  Details of monetary compensation, if any, to be offered to research participants.  An offer to answer any inquiries concerning the procedures to ensure that they are fully understood by the subject and to provide debriefing, if appropriate.  A statement that if participants have any concerns about their rights or treatment as research subjects, they may contact the VCC Research Ethics Board.  A statement of the participant’s right to refuse to participate or withdraw at any time and a statement that withdrawal or refusal to participate will not jeopardize further treatment, medical care, or class standing, as applicable. (Note: This statement must also appear on letters of initial contact. For research done in a school setting, indicate what alternatives will be offered to those who do not participate.)  A statement acknowledging that the research participant has received a copy of the consent form including all attachments for the subject's own records.  A statement that the research participant is consenting to participate (by signing).  A place for signature of research participant consenting to participate in the research project, investigation, or study and a place for the date of the signature.  A place for the signature, printed name and date for each of these people; the research participant, the witness and the person who explained or obtained the consent.  Parental consent forms must contain a statement of choice providing an option for refusal to participate, e.g. "I consent / I do not consent to my child's participation in this study." Also, verbal assent must be obtained from the child, once the parent has consented.  If there is more than one page, number the pages of the consent, e.g. page 1 of 3, 2 of 3, 3 of 3. |

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| 47. Attachments: check items attached to this submission, if applicable. Incomplete submissions will not be reviewed.  Letter of Initial Contact (Item 19)  Advertisement for Volunteer Research Participants (Item 19)  Research Participant Consent Form (Item 43)  Control Group Consent Form (If different from above)  Parent / Guardian Consent Form (If different from above)  Application for Funding of funded research (Item 41)  Agency Consent (Item 44)  Questionnaires, Tests, Interviews, etc. (Item 40)  Explanatory Letter with Questionnaire (Item 45)  Deception Form (FORM 14), including a copy of transcript of written or verbal debriefing  Dissertation or thesis board acceptance letter  Recruiting letters from third parties  Telephone Contact Form (FORM 15)  Copy of TCPS 2 CORE tutorial certificate for principal investigator and co-investigator(s).  Other – Specify: |

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| 48. Additional Information: Use this space to provide information that you feel will be helpful to the review committee or to continue any item for which sufficient space was not available. |
| 49. Proposed continuing review process: How will the applicant participate in the REB’s continuing review of this proposal? |