

Table of Contents for Behavioural Application Pages

1. PRINCIPAL INVESTIGATOR & STUDY TEAM	2
2. STUDY DATES & FUNDING INFORMATION	5
3. CONFLICT OF INTEREST	8
4.A. STUDY TYPE	10
4.B. BEHAVIOURAL STUDY REVIEW TYPE	11
F. Harmonized Review of Multi-Jurisdictional Studies - HUMAN ETHICS APPLICATION	14
4.C. BEHAVIOURAL STUDY REVIEW TYPE	16
B. Creation of a Research Registry	17
D. Class-based Projects.....	23
5. SUMMARY OF STUDY AND RECRUITMENT.....	28
6. PARTICIPANT INFORMATION AND CONSENT PROCESS	32
7. NUMBER OF PARTICIPANTS AND LOCATIONS FOR BEHAVIOURAL STUDY	36
8. SECURITY OF DATA AND CONFIDENTIALITY OF PERSONAL INFORMATION FOR BEHAVIOURAL STUDY	41
9. DOCUMENTATION	43
10. FEE FOR SERVICE FOR BEHAVIOURAL STUDY	45
11. INFORMATION FOR VANCOUVER COASTAL HEALTH AUTHORITY (VCHA)/VANCOUVER COASTAL HEALTH RESEARCH INSTITUTE (VCHRI)	47
11. UBC CHILDREN'S AND WOMEN'S RESEARCH ETHICS BOARD	49
11. HOSPITAL INFORMATION FOR PROVIDENCE HEALTH CARE	51
11. BC CANCER AGENCY CENTRE PI.....	54
11. RESEARCH APPROVAL INFORMATION FOR INTERIOR HEALTH	56
11. Research SITE INFORMATION FOR FRASER HEALTH	58
11. RESEARCH APPROVAL INFORMATION FOR ISLAND HEALTH.....	62
12. SAVE APPLICATION	67



1. PRINCIPAL INVESTIGATOR & STUDY TEAM - HUMAN ETHICS APPLICATION

Please note that all required fields are marked with a red asterisk and need to be filled out before being able to proceed onto the next page. To save information on each page as you are working, click "Save" at the top or bottom of the page in the blue bar. Your work on each page will automatically be saved once you click "Continue".

* 1.1. Principal Investigator

Primary Appointment:

Rank:

Email:

Enter Principal Investigator's secondary appointments or affiliations (including Health Authorities), if applicable:

1.2. Primary Contact

Primary Appointment:

Rank:

Email:

1.3. Co-Investigators - Online Access

Last Name	First Name	Institution/Department	Rank
			M&P Staff

Describe each Co-I's role in study, e.g. statistician, supervisor, adviser, student etc.

1.4. Additional Study Team Members - Online Access

Last Name	First Name	Institution/Department	Rank
There are no items to display			

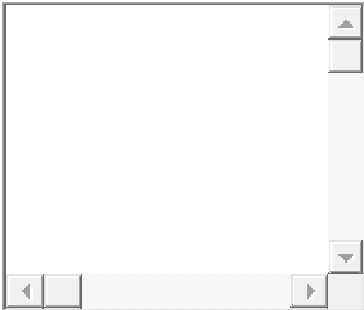
Describe each Additional Study Team Members' role in study, e.g. staff, research assistant etc.



1.5. Additional Study Team Members - No Online Access

Last Name	First Name	Institution/Department	Rank/Job Title	Email Address
There are no items to display				

Describe each Additional Study Team Members' (no online access) role in study, e.g. external supervisor, consultant etc.




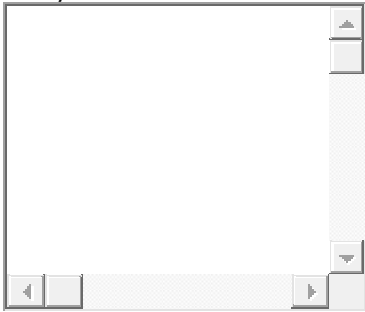
1.6. Tri Council Policy Statement (TCPS) Tutorial

* Have all research personnel completed the required TCPS2 tutorial: 


- Yes
- No
- N/A

* 1.7. Project Title

Enter the title of this research study as it will appear on the certificate. Title given **must match** the title on all study documents. 



*** 1.8. Project Nickname**

Enter a nickname for this study. What would you like this study to be known as to the Principal Investigator and study team? 

SAMPLE

2. STUDY DATES & FUNDING INFORMATION - HUMAN ETHICS APPLICATION

To save information on each page as you are working, click "Save" at the top or bottom of the page in the blue bar. Your work on each page will automatically be saved once you click "Continue".

Project Period



* 2.1.A.

Please choose **ONE** of the following:



- You plan to start collecting data immediately after obtaining ethics and any other required approvals (the start date on the ethics certificate will reflect the approval date),

OR

- You plan to start data collection at a later date i.e., 2 months or more after approvals are obtained. Click the calendar icon below to select the dates or enter the dates manually using the format yyyy-mm-dd.


Estimated start date: 
 

* 2.1.B.

Estimated end date: 
 

Source of Funds

* 2.2.A. Types of Funds

Please select the applicable box(es) below to indicate the type(s) of funding you are receiving to conduct this research. **You must then complete section 2.3 and/or section 2.4 for the name of the source of the funds to be listed on the certificate of approval.** 

Type(s) of Funding	
<input type="checkbox"/>	Grant-in-aid
<input type="checkbox"/>	Grant
<input type="checkbox"/>	For-Profit Sponsor (Industry or Pharmaceutical)
<input type="checkbox"/>	Internal Funds
<input type="checkbox"/>	No Funding
<input type="checkbox"/>	Other (Enter details in 2.3 or 2.4 as appropriate)

2.2.B. For Industry Sponsored studies, please provide a sponsor contact.

2.3.A. Research Funding Application/Award Associated with the Study that was Submitted to the UBC Office of Research Services [?](#)

UBC Number	Title	Funding PI	Sponsor
There are no items to display			

2.3.B. If a research funding application was submitted to another institution besides a UBC affiliated institution, which institution is administering the funds?

2.4.A. Research Funding Application/Award Associated with the Study not listed in question 2.3.

Title	Sponsor
There are no items to display	

2.4.B. Please enter any applicable information about your funding which is not already shown in Box 2.3 or 2.4 (including funding applied for but not yet received).

U.S. Funding

* **2.5.A.** Is this a DHHS grant? (To view a list of DHHS funding agencies click on "add" in 2.5.B below) [?](#)

Yes No [Clear](#)

2.5.B. If yes, please select the appropriate DHHS funding agency from the selection box, and attach the grant below.

DHHS Sponsor List
There are no items to display


Attach DHHS Grant Application for each sponsor listed above.

Title

There are no items to display

*** 2.6. Study Related Conflict of Interest**

Conflicts of Interest (COIs) in research are situations where someone's personal interests (financial, career, or other) could compromise or could be perceived to compromise the objective conduct of research or integrity of the data. Conflicts of interest can arise naturally from an Investigator's engagement inside and outside the University, and the mere existence of a COI or the perception of a COI does not necessarily imply wrongdoing on anyone's part. Nonetheless, real and perceived COI must be recognized, disclosed, and assessed. This question asks Investigators to disclose COIs that may relate to the research study that is the subject of the REB application.

Do the Principal Investigator, Co-Investigators and/or their related parties have any personal interest(s) that could compromise or reasonably be perceived to compromise the objective conduct of the research or the integrity of the data generated by the study? Personal interests may include business, commercial or financial interests, dual roles (e.g. PI and Doctor), as well as personal matters and career interests. 

Yes

No

[Clear](#)

3. CONFLICT OF INTEREST - HUMAN ETHICS APPLICATION


To save information on each page as you are working, click "Save" at the top or bottom of the page in the blue bar. Your work on each page will automatically be saved once you click "Continue".

3.1. Are the researcher(s), members of the research team, and/or their partners or immediate family members in a situation in which they have or could be perceived to have a personal interest in connection with this study that conflicts with or could conflict with their obligations to the participants, their institution or where applicable to the sponsor?

While not exhaustive, the below are examples that may give rise to a COI. The PI, Co-I, and/or their partners/immediate family members*:

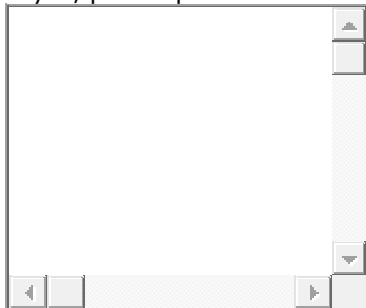
- has a financial interest in or expects to receive a financial interest (e.g. ownership of stock, stock options, salary, consulting fees, retainers, honoraria, bonuses, gifts, speaker's fees, advisory board remuneration) in or from any entity (a company, partnership, or non-profit corporation) whose interests could be affected by the outcome of this research.
- provides services (e.g., non or fee-paying consulting, advisory, board membership, etc) to any entity (a company partnership, or non-profit corporation) whose financial interests could be affected by the outcome of this research.
- has intellectual property rights or interests linked in any way to this study (e.g., patents, copyrights, royalties or other payments, etc).


*Note: "immediate family members" includes partners and children (whether living in the household or not). 

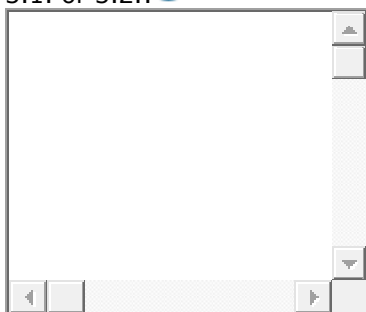
3.2. Do any of the researchers conducting this study occupy more than one role with respect to potential participants (e.g. acting as both a researcher and a therapist, health care provider, caregiver, teacher, advisor, consultant, supervisor, manager, student, or employer, etc.) that may create a real, potential, or perceived conflict of interest that could affect the integrity of the research? 

Yes No [Clear](#)

If yes, please provide details in the space below:



3.3. Please advise how you propose to manage any actual, perceived, or potential COI outlined above in 3.1. or 3.2.: 



* **3.4.** Are all COI declarations for the Principal Investigator and Co-Investigators up to date? 

Status

- Not applicable (provide details in the box below)
- No (provide details in the box below)
- Yes, all COI declarations are current

[Clear](#)

Comments:



4.A. STUDY TYPE - HUMAN ETHICS APPLICATION

* 4.1. Application Type

Indicate whether your application is Clinical or Behavioural. [?](#)

Type of Study	
<input checked="" type="radio"/>	Behavioural
<input type="radio"/>	Clinical
Clear	

* 4.2. Institutions and Sites for Study

4.2.A. UBC Institutions and Sites for Study (including study team members' institutional affiliations under which this research is being conducted) [?](#)

Hospital/Institution	Site
There are no items to display	

4.2.B. Non-UBC Institutions and Sites for Study (including study team members' institutional affiliations under which this research is being conducted) [?](#)

Hospital/Institution	Site
There are no items to display	

4.2.C. Please enter any other locations where the research will be conducted under this Research Ethics Approval (e.g., name of privately owned clinic, community centre, school, classroom, participant's home, in the field - provide details).

<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>

4.B. BEHAVIOURAL STUDY REVIEW TYPE - HUMAN ETHICS APPLICATION

4.2.D. Roles of Study Sites and Institutions


Study Site	Accessing Records or Charts	Analysing Data or Utilizing Lab Space	Recruiting Participants	Team Member Affiliations
UBC - Vancouver (excludes UBC Hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simon Fraser University - Burnaby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to Previous Ethics Applications

4.3.A. If this proposal is closely linked to any other proposal previously/simultaneously submitted, enter the Institution or Health Authority name and associated Research Ethics Board study number of that proposal.

Institution Name:

REB study number:

4.3.B. If applicable, please describe the relationship between this proposal and the previously/simultaneously submitted proposal listed above. 

4.3.C. Have you received any information or are you aware of any rejection of this study by any Research Ethics Board? If yes, please provide known details and attach any available relevant documentation in Box 9.7.

Yes No [Clear](#)

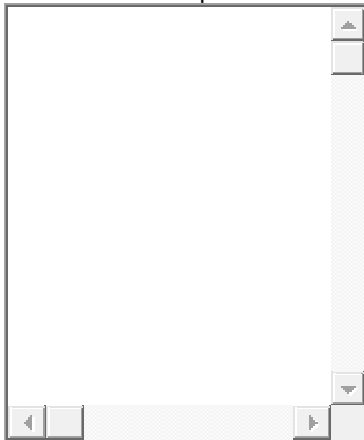
Please provide known details:

An empty rectangular text box with a light gray background and a thin black border. It features standard scrollbars on the right and bottom edges.

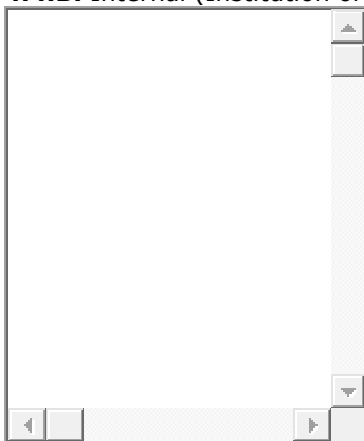
Peer Review

If this research proposal has received any independent scientific/methodological peer review, please include the names of committees or individuals involved in the review. State whether the peer review process is ongoing or completed.

4.4.A. External peer review details: [?](#)

An empty rectangular text box with a light gray background and a thin black border. It features standard scrollbars on the right and bottom edges.

4.4.B. Internal (Institution or hospital) peer review details:

An empty rectangular text box with a light gray background and a thin black border. It features standard scrollbars on the right and bottom edges.

* **4.4.C.** If this research proposal has not received any independent scientific/methodological peer review, explain why no review has taken place.

Minimal Risk

* **4.5.A.** After considering the level of risk your research involves and the vulnerability of your study population, please tick **one** box below that best represents the overall level of risk.

Participant Vulnerability	Research Risk		
	Low	Medium	High
Low	1 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>
Medium	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
High	2 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

Please check **one** box only

* **4.5.B.** Provide an explanation for the assessment of research risk and group vulnerability reported above.


* **4.5.C.** Does your application fall under minimal risk (i.e., was it assigned an overall risk level of 1 or a blue box on the minimal risk matrix above)?

Yes No [Clear](#)

* **4.6.** Does this study require review and approval by another **Canadian** REB outside of Research Ethics British Columbia (REBC)?

Yes No [Clear](#)

F. HARMONIZED REVIEW OF MULTI-JURISDICTIONAL STUDIES - HUMAN ETHICS APPLICATION

* **F.1.** Are any of the following institutions required to review and approve this study? 

Yes No [Clear](#)

Please check all that apply:


Title

University of Alberta

University of Saskatchewan

* **F.2.** Have any of the following institutions already reviewed and approved this study?


Yes No [Clear](#)

Please check all that apply. 

Title

University of Alberta

University of Saskatchewan

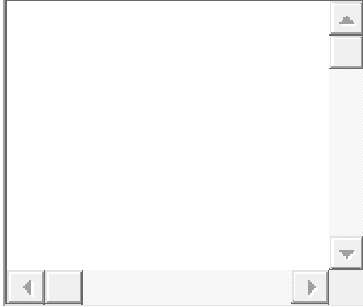
* **F.3.** Is this a minimal risk study that has been reviewed and approved by another Canadian research ethics board? (i.e. even if the REB is not the REB for any of the institutions listed in F.1 and F.2) 

Yes No [Clear](#)

If yes, please name the institution below:

*** F.4. Local Recruitment**

Provide a detailed description of the method of recruitment. For example, describe who will contact prospective participants and by what means this will be done. Ensure that any letters of initial contact or other recruitment materials are attached to this submission at View 9.

An empty rectangular text box with a light gray background and a thin border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. There are small icons in the corners for zooming and navigation.

*** F.5. Obtaining Local Consent**

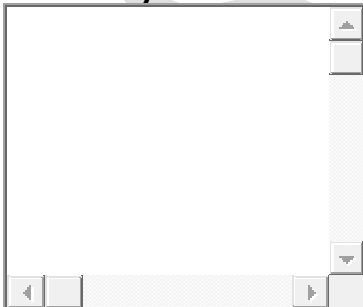
Specify how potential participants will be invited to take part in the study. Include details of where the consent will be obtained and documented, and under what circumstances.

An empty rectangular text box with a light gray background and a thin border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. There are small icons in the corners for zooming and navigation.

*** F.6. Retention and Destruction of Local (UBC) Data**


UBC policy requires that data should **normally** be kept for at least 5 years within the unit in which they are produced. For more information on collaborative reviews see the guidance on the right.

If you intend to destroy the data at the end of the storage period describe how this will be done to ensure confidentiality (e.g. tapes should be demagnetized, paper copies shredded), but please note that **UBC has no explicit requirement for shredding of data at the end of this period and it may be kept indefinitely.** Please note that the responsibility for the security of the data rests with the Principal Investigator.

An empty rectangular text box with a light gray background and a thin border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. There are small icons in the corners for zooming and navigation.

4.C. BEHAVIOURAL STUDY REVIEW TYPE - HUMAN ETHICS APPLICATION (continue)

* 4.7.A Creation of a Research Database or Registry

Does this study involve the creation of a research database or registry with a local custodian for future unspecified research? 

Yes No [Clear](#)

4.7.B. Is the purpose of this application exclusively to obtain approval for the creation of a research database or registry? [Note: if the creation of the database or registry is part of a bigger project also included in this application, you must answer "no" below].

Yes No [Clear](#)

4.8. Class-based research and the department level research ethics review process

Is this study a **minimal risk** class-based research project conducted for pedagogical purposes, e.g., a research methods course exercise, or other exercises designed to give students training in conducting and/or presenting research? The activity should not be an undergraduate or graduate thesis/dissertation.

Yes No [Clear](#)

If yes, please state whether your department has a Departmental Ethics Officer (DEO) and, if so, indicate their name below.


B. CREATION OF A RESEARCH REGISTRY - HUMAN ETHICS APPLICATION

Please note that all required fields are marked with a red asterisk and need to be filled out before being able to proceed onto the next page. Please make sure to save your work before continuing onto the next page in an effort to make sure your work is not lost. You can do so by clicking on the "Save" link at the top or the bottom of this page.

* **B.1.** What is the scope and purpose of the registry? 

A large, empty rectangular text input field with a light gray border. On the right side, there are two small square buttons with upward and downward arrows. At the bottom, there are two small square buttons with left and right arrows.

* **B.2.** What are the anticipated benefits of the registry?


A large, empty rectangular text input field with a light gray border. On the right side, there are two small square buttons with upward and downward arrows. At the bottom, there are two small square buttons with left and right arrows.

B.3. Over what period of time will data be collected? 

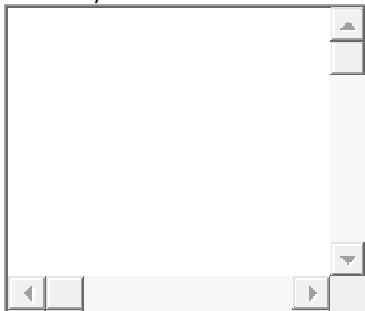
A large, empty rectangular text input field with a light gray border. On the right side, there are two small square buttons with upward and downward arrows. At the bottom, there are two small square buttons with left and right arrows.

* **B.4. Sources**


B.4.A. What information source(s) are you accessing? 



* **B.4.B.** Provide specific details about the source(s), including the name of the registry, type of records, location etc.




* **B.5. Confidentiality**

B.5.A. Are you collecting personally identifying information? 

Yes No [Clear](#)


* **B.6. Consent**

B.6.A. Will participants consent to be included in the registry and to have their data used for research purposes? 

Yes No [Clear](#)

B.6.B. Who will explain the consent form and invite participants to contribute? Where will consent be obtained and under what circumstances?

An empty text input field with a light gray background and a thin border. It features a vertical scrollbar on the right side and horizontal scrollbars at the bottom, indicating it is a multi-line text area.

* **B.7.** If you do not plan to obtain individual participant informed consent, please click on the question mark and provide justification using the criteria listed. 

An empty text input field with a light gray background and a thin border. It features a vertical scrollbar on the right side and horizontal scrollbars at the bottom, indicating it is a multi-line text area.

* **B.8. Participant access to data and withdrawal**

B.8.A. Will individual participants have the right to access their data, or to amend or withdraw their information?


Yes No [Clear](#)

B.8.B. If you answered no, please provide a justification; if you answered yes, go to B.8.C.


An empty text input field with a light gray background and a thin border. It features a vertical scrollbar on the right side and horizontal scrollbars at the bottom, indicating it is a multi-line text area.

B.8.C. Provide details of the process for accessing and/or withdrawing data, including what data can be withdrawn.

An empty rectangular text input box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track controls.

* **B.9.** What entity or who will have custodianship of the registry? 

An empty rectangular text input box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track controls.


* **B.10.** What steps will be taken to ensure the security of the data? 

An empty rectangular text input box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track controls.

* **B.11.** Describe any risks associated with the possible disclosure of the data.

An empty rectangular text input box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track controls.

* **B.12. Data Transfer**

B.12.A. Will data be sent outside of the institution? If "No", skip to B.13. 

Yes No [Clear](#)


B.12.B. Explain why it will be necessary to send the data outside of the institution. Indicate what data will be sent, where it will be sent, who it will be sent to, how it will be transferred (faxed, emailed, couriered, encrypted electronic transfer, etc.) and where it will be stored.



B.12.C. Will there be a data transfer agreement?

Yes No [Clear](#)

*** B.13. Data Linking**

B.13.A. Do you plan to link the data to any other registries? If "No", skip to B.14.A. 

Yes No [Clear](#)

B.13.B. Identify the data set, how the linkage will occur, and provide a list of data items in the other registry. Also identify what personal information will be used to link the registries and how confidentiality regarding this shared information will be preserved.



*** B.14. Data Retention**

B.14.A. How long are you planning to keep the data?

An empty text input field with a light gray background and a thin border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.


B.14.B. If the data will be destroyed, indicate the planned method for erasure/destruction.

An empty text input field with a light gray background and a thin border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

*** B.15. Future Use**

B.15.A. Will the information in the registry be retained as an ongoing registry (or as part of an ongoing registry) for future research?

Yes No [Clear](#)


B.15.B. Provide a full description of the data stewardship process. 

An empty text input field with a light gray background and a thin border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.


Page D only appears if Box 4.8 is marked "Yes"

D. CLASS-BASED PROJECTS - HUMAN ETHICS APPLICATION


Please note that all required fields are marked with a red asterisk and need to be filled out before being able to proceed onto the next page. Please make sure to save your work before continuing onto the next page in an effort to make sure your work is not lost. You can do so by clicking on the **"Save"** link at the top or the bottom of this page.

* **D.1.** If you selected medium vulnerability or medium research risk on the minimal risk matrix (see question 4.5.A), but the student project(s) still fall within the minimal risk category, please provide further information on how the additional risks will be mitigated and the experience of the students to deal with this. 

A large, empty rectangular text input field with a light gray border. It includes standard scrollbars on the right and bottom edges.


* **D.2.** Describe the purpose of the assignment, e.g. to learn and practice research techniques. 


A large, empty rectangular text input field with a light gray border. It includes standard scrollbars on the right and bottom edges.

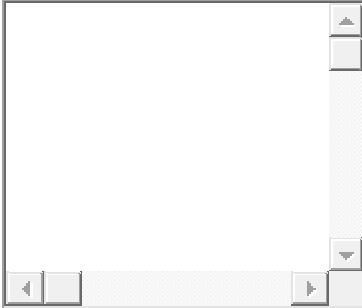
D.3.A. Describe the types of methods the students will be using in the class projects (e.g., surveys, participant observation, interviews, mixed-method studies, etc.) and general types of data students will be collecting. 


A large, empty rectangular text input field with a light gray border. It includes standard scrollbars on the right and bottom edges.

D.3.B. Describe how will you ensure that the methodology described for the research will be followed by the students.


An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

* **D.4.** What instructions will you be providing to students regarding recruitment?


An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

* **D.5.** What instructions will you be providing to students regarding obtaining consent from study participants?


An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

* **D.6.** What instructions will you be providing to students on explaining participants' right to withdraw from the research project.


An empty rectangular text box with a light gray background and a thin black border. It features standard scrollbars on the right and bottom edges.

* **D.7.** What instructions will you be providing students regarding feedback for participants about the study (where applicable). 

An empty rectangular text box with a light gray background and a thin black border. It features standard scrollbars on the right and bottom edges.

* **D.8.** What instructions will you be providing to students on assessing and minimizing risk to participants? 

An empty rectangular text box with a light gray background and a thin black border. It features standard scrollbars on the right and bottom edges.

D.9. Please describe how the subject of ethics in research involving human participants will be covered within the course. 

An empty rectangular text box with a light gray background and a thin black border. It features standard scrollbars on the right and bottom edges.

D.10. Please describe how you will ensure that students in the course have completed the Tri Council Policy Statement tutorial. ?

An empty rectangular text box with a light gray background and a thin border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square buttons.

* **D.11.** Please describe how you, as course instructor, will review and approve the course projects proposed by your students, if they are not using the same standardized materials. ?

An empty rectangular text box with a light gray background and a thin border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square buttons.

D.12. Please explain how you intend to deal with the project materials (e.g. research proposals, signed consent forms, etc.). ?

An empty rectangular text box with a light gray background and a thin border. It has a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square buttons.

D.13. Please confirm your acceptance of **each** of the following: ?

- I agree to comply with the requirements of the class-project guidelines and to ensure that the design of all student projects will fit within the criteria for these projects.
- I am familiar with and agree to abide by the ethical guidelines and policies of the Behavioural Research Ethics Board, including the Tri-Council Policy Statement and of my profession or discipline.
- I will actively monitor the progress of student projects and I will make myself available, should problems arise during the course of the research, to supervise the students and assist in solving such problems.
- If I have questions about the ethical conduct of this research I will contact the Behavioural Research Ethics Board.

-
- I agree to notify the BREB and my Department Ethics Officer (if applicable) of any unanticipated ethical problems encountered by the student investigators in the course of their research.
-

SAMPLE


5. SUMMARY OF STUDY AND RECRUITMENT - HUMAN ETHICS APPLICATION

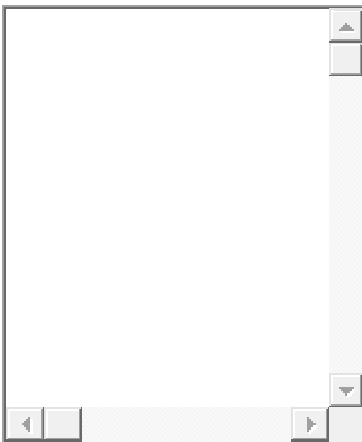
Please note that all required fields are marked with a red asterisk and need to be filled out before being able to proceed onto the next page. Please make sure to save your work before continuing onto the next page in an effort to make sure your work is not lost. You can do so by clicking on the **"Save"** link at the top or the bottom of this page.

Study Summary


5.1.A. Provide a brief statement about the project written in lay language. Do not exceed 100 words and do not cut and paste directly from the study proposal.

A rectangular text input field with a light gray border and a vertical scrollbar on the right side. The field is currently empty.

* **5.1.B.** Summarize the research proposal, including study purpose, hypothesis, study population, and research method. 


A rectangular text input field with a light gray border and a vertical scrollbar on the right side. The field is currently empty.

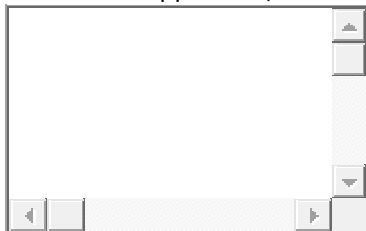
5.2. Inclusion Criteria

Describe the participants being selected for this study, and list the criteria for their inclusion. 

A rectangular text input field with a light gray border and a vertical scrollbar on the right side. The field is currently empty.

5.3. Exclusion Criteria

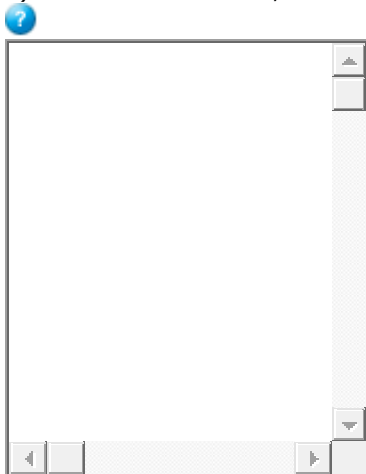
Include details if otherwise eligible participants will be excluded due to other characteristics. If no exclusion criteria are applicable, enter n/a. 




5.4. Recruitment

Provide a detailed description of the steps you will use to recruit participants. Include:

- a) Who will contact prospective participants?
- b) By what means will recruitment be done (e.g., public posting, third party recruitment, etc.)?
- c) How will prospective participants be identified?
- d) Include all site specific information.
- e) Attach all materials, including letters of initial contact, posters, scripts and advertisements, to Box 9.4.




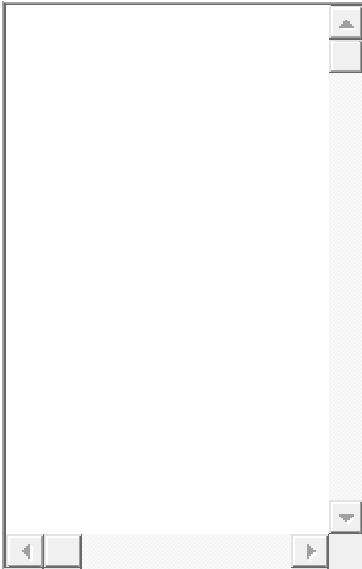
5.5. Use of Records

If existing records (e.g., health records, course grade sheets or other records/databases) will be used to access information about potential participants, please describe how permission to access this information, and to collect and use this information, will be obtained. 



* 5.6. Summary of Procedures

Describe briefly in a step-by-step manner what the researcher will be doing with participants, after they have been recruited and consented. 



5.7. Research Types

Select all that apply to your study. Please review the research methods descriptions before responding. If none apply, please select "None of these Methods"

- Action Research (researchers investigating their own practice)
- Autobiography/Auto-Ethnography
- Community Based Research (collaboration with community on design and methods)
- Data Linkage
- Deception
- Ethnographic Fieldwork
- Expert Interviews
- Focus Groups
- Masters Research

Naturalistic Observation

Participant Pools

PhD Dissertation Research

Random Digit Dialing

Secondary Use of Data

Undergraduate Research

Use of Medical Records

Videotaping

None of these Methods

SAMPLE

6. PARTICIPANT INFORMATION AND CONSENT PROCESS - HUMAN ETHICS APPLICATION

* 6.1. Time to Participate



An empty rectangular form with a light gray border. On the right side, there are three small square buttons stacked vertically. On the bottom side, there are two small square buttons, one on the left and one on the right, with a horizontal line between them.

6.2. Risks and Mitigation



An empty rectangular form with a light gray border. On the right side, there are three small square buttons stacked vertically. On the bottom side, there are two small square buttons, one on the left and one on the right, with a horizontal line between them.

6.3. Potential Benefits



An empty rectangular form with a light gray border. On the right side, there are three small square buttons stacked vertically. On the bottom side, there are two small square buttons, one on the left and one on the right, with a horizontal line between them.


6.4. Impacts on Community



An empty rectangular form with a light gray border. On the right side, there are three small square buttons stacked vertically. On the bottom side, there are two small square buttons, one on the left and one on the right, with a horizontal line between them.

6.5. Reimbursement and Incentives


6.6. Obtaining Consent

Include details of where and when consent will be obtained and how it will be documented. 

6.6.A. Waiver of Consent

6.7. Time to Decide

* 6.8. Capacity to Consent

Will every participant have the capacity to give fully informed consent on his/her own behalf? 

6.8.A. Provide details of the nature of the incapacity (for instance, young age, mental or physical condition).

6.8.B. If a participant does not have the capacity to give fully informed consent, who will consent on his/her behalf? Ensure the relevant consent form (parent/caregiver, substitute decision maker, legally authorized representative) is attached to page 9.

6.8.C. If a participant does not have the capacity to give fully informed consent, will he/she be able to give assent to participate?

Yes No [Clear](#)

6.8.D. If yes, explain how assent will be sought. Please be sure to attach copies of the assent form to page 9.

6.9. Ongoing Consent

6.10. Provisions for Consent (e.g., special assistance, Braille, translations/translator)



6.11. Restrictions on Disclosure [?](#)




SAMPLE

7. NUMBER OF PARTICIPANTS AND LOCATIONS FOR BEHAVIOURAL STUDY -HUMAN ETHICS APPLICATION

Please note that all required fields are marked with a red asterisk and need to be filled out before you will be able to proceed to the next page. Please save your work before continuing onto the next page to prevent losing your work. You will find the **"Save"** button at the top and bottom of each page.

* 7.1. External Approvals

A. Other Institutions: 

Yes No [Clear](#)

B. Please select "Add" to enter the name of the institution and attach the approval letter if received.

Name of Institution	Document(s)
There are no items to display	


* C. Other Jurisdiction or Country (if "NO," go to 7.1.G):

Yes No [Clear](#)


D. Please select "Add" to enter the name of the jurisdiction or country and if you have already received approval attach the approval letter.

Name of Jurisdiction or Country	Document(s)
There are no items to display	

E. Has a Request for Ethics Approval been submitted to the institution or responsible authority in the other jurisdiction or country? (**Append a copy of any such document to this application once it is received**).

 Yes No [Clear](#)

F. If a Request for Approval has **not been** submitted, provide the reasons below:

G. Does this research focus on Indigenous peoples, communities or organizations? 

Yes No [Clear](#)

G.1.A. Will the research be conducted on Indigenous reserves, Métis settlement(s), or lands governed under a self-government agreement or an Inuit or First Nations land claims agreement?

Yes No [Clear](#)

If yes, please provide details:

G.1.B. Do any of the criteria for participation include membership in an Indigenous community, group of communities, or organization, including urban Indigenous populations?

Yes No [Clear](#)

If yes, please provide details:

G.1.C. Does the research seek input from participants regarding a community's cultural heritage, artifacts, traditional knowledge or unique characteristics?

Yes No [Clear](#)

If yes, please provide details:

G.1.D. Will Indigenous identity or membership in an Indigenous community be used as a variable for the purposes of analysis?

Yes No [Clear](#)

If yes, please provide details:

G.1.E. Will the results of the research refer to Indigenous communities, peoples, language, history or culture?

Yes No [Clear](#)

If yes, please provide details:

G.2. Community Engagement

G.2.A. If you answered yes to questions a), b), c), d), or e), have you initiated or do you intend to initiate an engagement process with the Indigenous collective, community or communities for this study?

Yes No [Clear](#)

G.2.B. If you answered "Yes" to question G.2.A., describe the process that you have followed or will follow with respect to community engagement. Include the role or position of those consulted, including their names if appropriate. Attach any documentation of consultations (i.e. formal research agreement, letter of approval, email communications, etc.) below.



Attachment:

Title
There are no items to display

G.3. No community consultation or engagement

If you answered "no" to question G.2.A., briefly describe why community engagement will not be sought and how you can conduct a study that respects Indigenous communities and participants in the absence of community engagement.




H. Registration for Publication of Clinical Trials. [?](#)

Yes No [Clear](#)

If 'Yes', click 'Add' to enter the following information.

Has it been registered?	Authorized Registry used	Clinical Trial unique identifier
There are no items to display		

7.2. Number of Participants

A. How many participants will take part in the entire study (i.e., world-wide)? 

B. How many participants will take part at institutions covered by this Research Ethics Approval?

* 7.3. Principal Investigator and Research Team Experience



SAMM

8. SECURITY OF DATA AND CONFIDENTIALITY OF PERSONAL INFORMATION FOR BEHAVIOURAL STUDY - HUMAN ETHICS APPLICATION

8.1. Security of Data During the Course of the Study



8.2. Access to Data



8.3. Protection of Personal Information

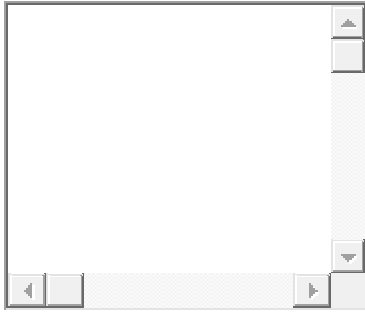


8.4. Transfer of Data

Will any data that identify individuals be transferred (made available) to persons or agencies outside the University?

Yes No [Clear](#)

If yes, describe in detail what identifiable information will be released, to whom, how the data will be transferred, how and where it will be stored and what safeguards will be used to protect the identity of participants and the privacy of their data. Attach the data transfer agreement if applicable.



8.5. Retention and Destruction of Data



8.6. Future Use of Data



8.7. Feedback to Participants



9. DOCUMENTATION - HUMAN ETHICS APPLICATION

Please attach all supporting documents required for conducting the study. The Research Ethics Office cannot change document names or dates.

INSTRUCTIONS

Documents will appear on the certificate of approval with the information that you enter when you attach the document. Please check that version dates and document names are accurate and match those on the attached documents. Submit final versions only.

Submitting revised documents

If you are submitting a revised version of a document, delete the old document and attach the revised version with tracked changes or highlight. Do not remove documents that you have used in the study but are no longer using, e.g. phase 1 consent forms once you have moved onto phase 2.

If you are adding a new document, you must indicate in your proviso response or amendment coversheet that you have added a new document and explain its purpose.

9.1. Research Proposal

Document Name	Version	Date	Document	Password (if applicable)
---------------	---------	------	----------	--------------------------

There are no items to display

9.2. Documentation of Consent

Document Name	Version	Date	Document	Password (if applicable)
---------------	---------	------	----------	--------------------------

There are no items to display

9.3. Documentation of Assent

Document Name	Version	Date	Document	Password (if applicable)
---------------	---------	------	----------	--------------------------

There are no items to display

9.4. Advertisement to Recruit Participants

Document Name	Version	Date	Document	Password (if applicable)
There are no items to display				

9.5. Questionnaire, Questionnaire Consent Cover Letter, Tests, Interview Scripts, etc.

Document Name	Version	Date	Document	Password (if applicable)
There are no items to display				

9.6. Letter of Initial Contact

Document Name	Version	Date	Document	Password (if applicable)
There are no items to display				

9.7. Other Documents

Document Name	Version	Date	Document	Password (if applicable)
There are no items to display				

9.8. Websites and Social Media



10. FEE FOR SERVICE FOR BEHAVIOURAL STUDY - HUMAN ETHICS APPLICATION

A fee of \$1,000 is charged for behavioural research ethics applications that are funded by a for-profit agency. It is the Principal Investigator's responsibility to communicate this with his/her industry sponsor and to ensure payment is made prior to submission of the ethics application. The Behavioural Research Ethics Board will only review sponsored research if the fee has been received.

The one-time-only fee is for each ethics application and covers initial review, annual renewals, and minor amendments for three years. Major amendments (after initial approval) that require full review, or renewals after three years, will be charged \$300. If the associated research project is withdrawn prior to application review, the fee will be totally refunded. If the associated research project is withdrawn after application review, one half (\$500) of the fee amount will be refunded.

A Certificate will not be issued until payment has been received.

In special cases, the Director of Research Ethics may approve invoicing for the fee amount and may also waive or reduce the fee.

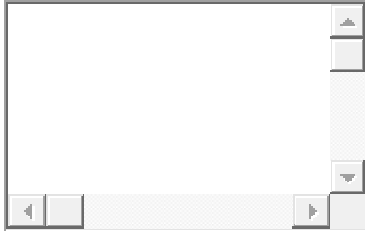
Contact: Laurel Evans, Director, Office of Research Ethics, at (604) 827-5113, laurel.evans@ors.ubc.ca.

How to submit

Please indicate which of the following methods of payment will be used for this application:

Method of Payment	
<input type="radio"/>	A cheque for \$1000, made payable to "University of British Columbia," attention "Behavioural Research Ethics Board".
<input type="radio"/>	The company asks to be invoiced and the contact information regarding where to send the invoice is entered below.
<input type="radio"/>	A Journal Voucher for \$1000 crediting a. Speed chart (to be advised) b. Account: 477500 c. Fund: F0000 d. Dept. ID: 354000 e. Project Grant: 35F50000 * Ensure that your Project Grant is debited by completing the fields listed in a-d above. * Ensure that an authorized signatory signs the Journal Voucher.
<input type="radio"/>	N/A

Contact information regarding where to send the invoice.



SAMPLE

There are Multiple Page 11s. Only select Health Authority sites from Box 4.2A & 4.2B will appear here.

11. INFORMATION FOR VANCOUVER COASTAL HEALTH AUTHORITY (VCHA)/VANCOUVER COASTAL HEALTH RESEARCH INSTITUTE (VCHRI) -Application for Approval to Conduct Research at VCHA

All research studies and clinical trials involving human participants ("Research Projects") that are conducted at VCHA must be approved by the appropriate VCHA Health Service Delivery Area ("HSDA"). There are four HSDAs: Vancouver Acute, Vancouver Community, Richmond Health Services, and Coastal. If a Research Project will be conducted at more than one VCHA HSDA site, the researcher must obtain approval to conduct research at each HSDA where the Research Project will be conducted. Once approval to conduct research has been granted by the applicable VCHA HSDA, the Research Project may begin at that site. The approval process ensures that all research involving humans conducted at VCHA is reviewed from an ethical, safety and resource use framework. According to VCHA policy, Research Projects cannot begin until final approval from VCHRI has been granted.

Guidelines and forms may be downloaded from the VCHRI web site at vchri.ca/operational-approval

*** 11.1**

Have you already received approval from VCHA to conduct this study?

Yes No [Clear](#)

If Yes, please provide the VCHA/VCHRI approval number (e.g. V06-0000)

*** 11.2. A.**

Does the Principal Investigator in Box 1.1 have a medical appointment with VCHRI/VCHA **and** a UBC faculty appointment?

Yes No [Clear](#)

If "Yes" proceed to Box 11.3.

11.2.B.

Does the Principal Investigator in Box 1.1 have a medical appointment with VCHRI/VCHA (but not a faculty appointment at UBC), or is the Principal Investigator an employee of VCHA?

Yes No [Clear](#)

If "Yes" you must select [here](#) to print and complete a declaration form with signatures then attach the

completed form below by clicking the "Browse" button. If "No" proceed to Box 11.3.

Select the "Browse" button to attach the declaration form.

11.2. C.

Does the Principal Investigator in Box 1.1 have a UBC appointment?

Yes No [Clear](#)

If "Yes" you must designate a VCHA employee or medical staff below as the "Site Investigator at VCHA" if different from the Principal Investigator listed in Box 1.1. Alternatively, the Principal Investigator in Box 1.1 may obtain VCHRI Affiliated Investigator Status.

Select the Site Investigator at VCHA **if different** from the Principal Investigator in Box 1.1.

If "No" please contact VCHA/VCHRI Clinical Trials Administration at (604) 875-5649.

11.3.

Select the VCHA Health Service Delivery Area(s) that will be involved in this study. 

- | Location |
|--|
| <input type="checkbox"/> Coastal (Coastal encompasses hospitals, community health centres and residential care facilities in the following sites: Lions Gate Hospital, North Shore Community, Powell River/Sunshine Coast, Sea to Sky Corridor including Bella Bella and Bella Coola). |
| <input type="checkbox"/> Richmond Health Services (Richmond Health Services encompasses the following networks: acute care, community care, primary health care, mental health and addictions.) |
| <input type="checkbox"/> Vancouver Acute (Vancouver Acute encompasses the following sites: Vancouver General Hospital, UBC Hospital, GF Strong Rehabilitation Centre, Arthritis Research Centre of Canada, Mary Pack Arthritis Centre, Djavad Mowafaghian Centre for Brain Health) |
| <input type="checkbox"/> Vancouver Community (Vancouver Community encompasses community health centres, mental health centres, addiction sites and residential care facilities in Vancouver) |

11. UBC CHILDREN'S AND WOMEN'S RESEARCH ETHICS BOARD - HUMAN RESEARCH ETHICS APPLICATION

Please note that all required fields are marked with a red asterisk and need to be filled out before you will be able to proceed to the next page. Please save your work before continuing onto the next page to prevent losing your work. You will find the **"Save"** link at the top and bottom of each page.

Prior to commencing any human subject research at the Children's and Women's Health Centre of BC, researchers must be in possession of **two certificates of approval**. These are:

- 1) A certificate of ethical approval issued by one of the UBC Research Ethics Boards (UBC C&W REB; UBC PHC REB; UBC CREB; UBC BREB; UBC BCCA REB) and
- 2) A C&W Institutional Certificate of final approval issued by the Children's and Women's Health Centre of BC

Criteria for obtaining C&W Approval


Prior to initiation of the research, Children's and Women's Health Centre of BC must provide written approval of all human subject research that includes any of the following:

- All clinical and behavioural research projects conducted at the Oak Street campus and its affiliated sites including:
 - Site-associated Provincial Health Services Authority agencies
 - BC Children's Hospital
 - BC Mental Health and Addiction Services
 - BC Women's Hospital and Health Centre
 - BC Children's Hospital Research Institute
 - BC Mental Health and Addictions Research Institute
 - Women's Health Research Institute
- Studies for which the Principal Investigator holds appointments with the Children's and Women's Health Centre of British Columbia, which directly involve patients, records or resources at the Children's and Women's Health Centre of British Columbia. Note that this also includes research projects which involve the use of human remains, cadavers, tissue, biological fluids, embryos and/or fetuses.

The C&W Institutional Certificate of Approval will list ONLY those C&W services/hospital areas that have issued approval for the research to be conducted in their areas. Please ensure that you accurately complete section 11.3 of the application form accordingly.

*** 11.1.**

In order for a research project to be undertaken at C&W, either an employee or a member of the medical staff (as legally defined) needs to be designated as the Principal Investigator. This individual must have actual responsibility with respect to the project.

Select the Principal Investigator for the Children's and Women's Health Centre. 

*** 11.2.**

Does the Children's and Women's Principal Investigator in Box 1.1 (and Box 11.1, if different) have a UBC academic or clinical appointment?

Yes No [Clear](#)

If "No", you must select [here](#) to print and complete a declaration form with signatures for the Investigator that does not have a UBC appointment. Once completed attach the form below by clicking the "Browse" button.

Select "Browse" to attach the declaration form.

*** 11.3.**

Select which hospital form(s) are required for this application.

Form(s) to be submitted	
<input type="checkbox"/>	Utilization form for Hospital Program (if C&W Program resources such as space or staff are required)
<input type="checkbox"/>	If Industry Sponsored, signed contract agreement between Sponsor, Hospital and University
<input type="checkbox"/>	Utilization form for Health Records (if C&W Health Records are required)
<input type="checkbox"/>	Utilization form for Laboratory services (if C&W Lab/Pathology services are required)
<input type="checkbox"/>	Utilization form for Pharmacy (if C&W Pharmacy services are required)
<input type="checkbox"/>	Other Resource/Service Utilization (provide explanation below)
<input type="checkbox"/>	Not Applicable

If you selected "Other Resource/Service Utilization", please specify below.

To retrieve the forms listed above select [here](#). Once the forms have been completed, send them to the UBC Children's and Women's Research Ethics Board Office, Room A2-136, 950 West 28th Ave., Vancouver BC V5Z 4H4.

11. HOSPITAL INFORMATION FOR PROVIDENCE HEALTH CARE - HUMAN ETHICS APPLICATION

Prior to commencing any human subject research at Providence Health Care, researchers must be in possession of **two certificates of approval**. These are:

- 1) A certificate of ethical approval issued by one of the UBC Research Ethics Boards (UBC PHC REB; UBC CREB; UBC BC Cancer REB; BREB) and
- 2) A PHC Institutional Certificate of final approval issued by the PHC VP of Research

Criteria for obtaining PHC Final Approval

Prior to initiation of the research, Providence Health Care must provide written approval of all human subject research that includes any of the following:

- 1) Use of Providence Health Care facilities and services
- 2) Involvement of human tissue, data or records held at Providence Health Care
- 3) Involvement of Providence Health Care patients (patients with a PHC Chart number)
- 4) Involvement of Providence Health Care staff

*** 11.1.**

11.1.A.

Which of the following hospital services are required for the conduct of your research? (Please check all that apply). 

Hospital Facility/Service
<input type="checkbox"/> N/A
<input type="checkbox"/> Cardiac Cath Lab
<input type="checkbox"/> Centre for Excellence in HIV/AIDS
<input type="checkbox"/> Contract/Agreement (For Profit Sponsor/Government Funding or Grant-in-Aid)
<input type="checkbox"/> ECG
<input type="checkbox"/> Imaging (e.g. X-ray, CT scan, MRI)
<input type="checkbox"/> Laboratory (blood collection)
<input type="checkbox"/> Laboratory (anatomical pathology)
<input type="checkbox"/> Medical Records - Discharged Patients
<input type="checkbox"/> Medical Records - Use of Sunrise Clinical Manager
<input type="checkbox"/> Medical Records - Outpatient Clinics
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Nursing - Please complete question 11.3

- Pharmacy
- Physiotherapy
- Respiratory
- Other (please specify in 11.2 B.)

11.1.B.

If "Other" provide details below.

*** 11.2.**

11.2.A.

Which of the following hospital areas will be required to provide services for the conduct of the research? If the PI for the research is employed by the hospital area in question and has obtained approval for use of his or her own area, please do not select the relevant option. (Please check all that apply). [?](#)

Hospital Area

- N/A
- Communications (for display of Posters, Brochures, Advertisements)
- Centre for Excellence in HIV/AIDS
- Outpatient Clinics (please specify in 11.3 B.)
- Emergency Department
- Nursing Units (please specify in 11.3 B.)
- Operating Room
- Pre-Admission Clinic(s) (please specify in 11.3 B.)
- Renal Program/Units (please specify in 11.3 B.)
- Other (please specify in 11.3 B.)
- Pacific Lung Centre

11.2.B.

Provide details below of other hospital areas affected by the study.



11.3.

Does the Principal Investigator in Box 1.1 have a UBC appointment?

Yes No [Clear](#)

If "No", you must select [here](#) to print and complete a declaration form with signatures. Once completed, scan the declaration form to your computer then attach the completed form below by clicking the "Browse" button.



If you have any questions please contact:

Alex Trethewey
Pre&Post Review Manager,
Office of Research Ethics,
Providence Health Care Research Institute
alex.trethewey@ubc.ca
(604) 682-2344 x68366

11. BC CANCER AGENCY CENTRE PI - HUMAN ETHICS APPLICATION

Please note that all required fields are marked with a red asterisk and need to be filled out before you will be able to proceed to the next page. Please save your work before continuing onto the next page to prevent losing your work. You will find the "**Save**" link at the top and bottom of each page.

11.1.

Select the Principal Investigator for each participating BC Cancer Centre. Once you click "Select", you can enter the PI's name, or enter the first few letters of his or her name and click "Go". You can sort the returned list alphabetically by First name, Last name, or Organization by clicking on the appropriate heading.

A.

Lead PI for Vancouver Centre: 

B.

Lead PI for Vancouver Island Centre:

C.

Lead PI for Fraser Valley Centre:

D.

Lead PI for the Centre for Southern Interior:

E.

Lead PI for the Centre for Abbotsford Centre:

F.

Lead PI for the Centre for the North:

*** 11.2.**

If this application requires a Clinical Trial Agreement, what is the status of the Agreement?[?]

Status

Submitted (attach agreement in question 9.8)

N/A

Pending

[Clear](#)

SAMPLE

11. RESEARCH APPROVAL INFORMATION FOR INTERIOR HEALTH - HUMAN ETHICS APPLICATION

Please note that all required fields are marked with a red asterisk and need to be filled out before you will be able to proceed to the next page. Please save your work before continuing onto the next page to prevent losing your work. You will find the **"Save"** link at the top and bottom of each page.

Prior to commencing any human subject research at Interior Health, researchers must be in possession of **two certificates of approval**. These are:

1) A certificate of ethical approval issued by the IH Research Ethics Board OR a Harmonized Certificate of Ethical Approval issued by any of the BCEHI partners and including the Interior Health REB.

The IH REB must review all research involving humans that includes:

- Involvement of Interior Health patients, clients, or residents
- Involvement of Interior Health staff, privileged physicians, midwives, volunteers, or students
- Involvement of human tissue, data or records held by Interior Health
- Use of Interior Health facilities and/or services

2) An IH Institutional Certificate of Approval issued by the IH Research Department once all other relevant approvals and contracts are in place. These may include:

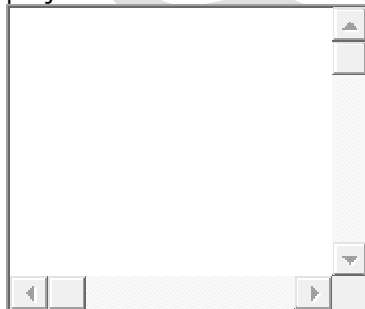
- Operational review is required: click for an [IH Application for Operational Approval](#)
- Clinical Trial Agreement or other research contract
- Affiliation Agreement
- Information Sharing Agreement

The IH Research Department will coordinate review of all other aspects of human subject research except ethical review. To obtain the appropriate application forms and/or for assistance in determining which forms are applicable to your research project, please contact research@interiorhealth.ca.

* **11.1.** Does the Principal Investigator in Box 1.1 have IH privileges?

Yes No [Clear](#)

If NO, identify which co-investigator or research team member will be responsible for all aspects of the project that occur at IH including recruitment, data collection, etc.



11.2. At which Interior Health sites will the research be conducted? Click [here](#) for a facilities list. Do not list cities, towns, or geographic regions, but rather the IH sites where recruitment or other study procedures will occur.



11.3. Please describe site specific recruitment strategies for IH.



SAMPLE

11. RESEARCH SITE INFORMATION FOR FRASER HEALTH - HUMAN ETHICS APPLICATION

Please note that all required fields are marked with a red asterisk and need to be filled out before you will be able to proceed to the next page. Please save your work before continuing onto the next page to prevent losing your work. You will find the **"Save"** link at the top and bottom of each page.

Prior to initiation of the research, Fraser Health must provide written approval of all human subject research that includes any of the following:

- 1) Use of Fraser Health facilities and services;
- 2) Involvement of human tissue, data or records held at Fraser Health;
- 3) Involvement of Fraser Health patients (patients with a FH Chart number);
- 4) Involvement of Fraser Health employees.

In order to conduct research at Fraser Health (FH), all studies must be reviewed and approved in conjunction with the BCEHI process. Following review and approval, the researcher will be issued two documents:

- 1) A certificate of harmonized ethical approval issued by the Board of Record BCEHI partner institutions (UBC, SFU, UVic, UNBC, Fraser Health (FH), Interior Health (IH), Island Health (IH) and Northern Health (NH)); and
- 2) A FH Letter of Authorization (LOA). The LOA is FH's Institutional Approval required to conduct research at FH sites.

* 11.1.

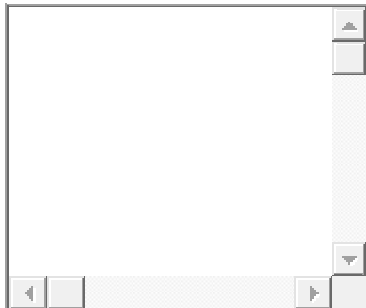
11.1.A. At which of the Fraser Health sites will the research be conducted?

<input type="checkbox"/> Hospital Area
<input type="checkbox"/> N/A
<input type="checkbox"/> Abbotsford Regional Hospital and Cancer Centre
<input type="checkbox"/> Burnaby Hospital
<input type="checkbox"/> Chilliwack General Hospital
<input type="checkbox"/> Community Site(s), please specify in 11.2.B.
<input type="checkbox"/> Delta Hospital
<input type="checkbox"/> Eagle Ridge Hospital
<input type="checkbox"/> Fraser Canyon Hospital
<input type="checkbox"/> Jim Pattison Outpatient Care and Surgical Centre
<input type="checkbox"/> Langley Memorial Hospital
<input type="checkbox"/> Peace Arch Hospital
<input type="checkbox"/> Physician's Private Office
<input type="checkbox"/> Royal Columbian Hospital

- Ridge Meadows Hospital
- Surrey Memorial Hospital
- Other (please specify in 11.2.B.)

11.1.B.

Provide details below of other Fraser Health Sites affected by the study.



11.2.

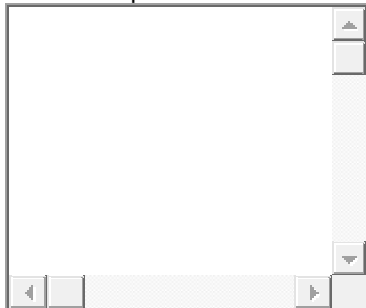
11.2.A. Which of the following services are required for the conduct of your research? (Please check all that apply).

- Hospital Facility/Service
- N/A
- Anatomical Pathology
- Biomedical Engineering
- Communicable Diseases/Public Health
- Diagnostic Imaging
- Health & Business Analytics (Administrative Data)
- Health Records (Electronic)
- Health Records (Paper)
- Image Tech Lab
- Information Management
- Laboratory
- Patient Care Services
- Pharmacy
- Surgical Suites

Other (please specify in 11.2.B)

11.2.B.


If "Other" provide details below.



11.3.

Criteria for obtaining FH Final Approval

All studies conducted at FH require the Principal Investigator (PI) to either be FH employee/privileged physician OR an Affiliated Investigator.

Is the Principal Investigator in Box 1.1 a Fraser Health employee? 

Yes No [Clear](#)

If NO, is the Principal Investigator in Box 1.1 a Fraser Health privileged physician?

Yes No [Clear](#)

If NO, the academic PI is required to become affiliated with FH by signing onto the FH affiliation agreement with their home institution.

Is the academic PI affiliated with FH? If YES, Application will proceed.

Is the application for affiliation status submitted? If YES, Application will proceed.

PI Affiliation status with Fraser Health:

Affiliation Status

Affiliation Granted

Affiliation Request Submitted

No

[Clear](#)

If YES, please include a copy of the PI's C.V. in this application in Box 9.8.A.

If NO, then a FH employee/privileged physician who is currently on the research study team may assume responsibilities as the FH site PI in order to have oversight of the study.

Name of Fraser Health site PI:

11.4.

11.4.A. Please describe site specific recruitment strategies for FH. 



11.4.B. Please indicated estimated number of participants to be recruited from FH:

11.5. Collection of Personal Information.

Will any FH held or maintained data (i.e. health records, administrative data, tissue) be collected as part of this study?

Yes

No

[Clear](#)

11. RESEARCH APPROVAL INFORMATION FOR ISLAND HEALTH - HUMAN ETHICS APPLICATION

Please note that all required fields are marked with a red asterisk and need to be filled out before you will be able to proceed to the next page. Please save your work before continuing onto the next page to prevent losing your work. You will find the **"Save"** link at the top and bottom of each page.

Prior to commencing any human subject research at Island Health (Vancouver Island Health Authority), Principal Investigators must obtain:

1. A Research Ethics Board Certificate of Approval issued by Island Health or including Island Health in the Harmonized Ethical Approval; and
2. Island Health Operational Review & Approvals, as applicable. Based on the information provided below, Island Health will contact the relevant department heads and provide them with the proposed research for approval. If there are any discussions to be had between the researcher and the affected Departments that must approve the research, you will hear from us.

Questions regarding approvals at Island Health can be directed to:

For questions about the Operational Review process, please contact:

Kimberly Horie, Research Administrative Coordinator
250-519-6726
Kimberly.Horie@viha.ca

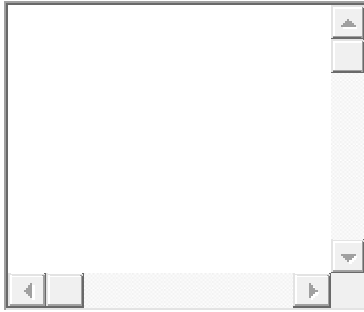
* **11.1.** Will Island Health staff be invited to be participants in this study?

Yes No [Clear](#)

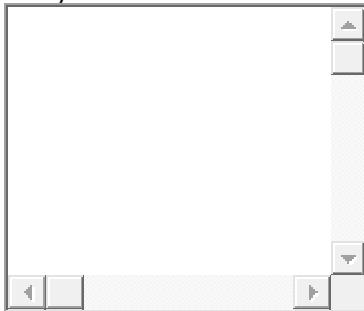
If yes, please summarize involvement here:



Please summarize any involvement of Island Health staff in the conduct of this study:



Please summarize any equipment owned or maintained by Island Health required for the conduct of this study?



Please list all types of data/information contemplated for collection at Island Health or to be collected and disclosed from Island Health:



Which of the following services are required for the conduct of your research? (Please check all that apply).

- | Facility/Service |
|---|
| <input type="checkbox"/> N/A |
| <input type="checkbox"/> Cardiac – Heart Health |
| <input type="checkbox"/> Contract/Agreement (For Profit Sponsor/Government Funding or Granting) |
| <input type="checkbox"/> Medical Imaging (e.g. X-ray, CT scan, MRI) |
| <input type="checkbox"/> Laboratory (blood collection) |
| <input type="checkbox"/> Laboratory (anatomical pathology) |
| <input type="checkbox"/> Medical Records – Access to Electronic Health Record |

Medical Records – Access to Paper Charts

Pharmacy

Physiotherapy

Respiratory

Other (please specify below)

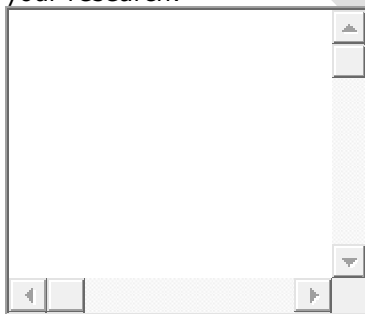
Other:

A rectangular text box with a light gray background and a thin border. It contains no text. On the right side, there are three small square buttons stacked vertically, with the top one containing an upward-pointing arrow and the bottom one a downward-pointing arrow. On the bottom side, there are three small square buttons: a left-pointing arrow, a central square, and a right-pointing arrow.

Please name any Island Health hospitals that will be directly involved as a site for the conduct of your research:

A rectangular text box with a light gray background and a thin border. It contains no text. On the right side, there are three small square buttons stacked vertically, with the top one containing an upward-pointing arrow and the bottom one a downward-pointing arrow. On the bottom side, there are three small square buttons: a left-pointing arrow, a central square, and a right-pointing arrow.

Please name any Island Health Health Centres that will be directly involved as a site for the conduct of your research:

A rectangular text box with a light gray background and a thin border. It contains no text. On the right side, there are three small square buttons stacked vertically, with the top one containing an upward-pointing arrow and the bottom one a downward-pointing arrow. On the bottom side, there are three small square buttons: a left-pointing arrow, a central square, and a right-pointing arrow.

Please name any Island Health Public Health Units that will be directly involved as a site for the conduct of your research:

For other Island Health locations, please describe here:

Which of the following hospital services are required for the conduct of your research? (Please check all that apply).


- | Hospital Service |
|---|
| <input type="checkbox"/> N/A |
| <input type="checkbox"/> Cardiac Cath Lab |
| <input type="checkbox"/> Centre for Excellence in HIV/AIDS |
| <input type="checkbox"/> Contract/Agreement (For Profit Sponsor/Government Funding or Grant-in-Aid) |
| <input type="checkbox"/> ECG |
| <input type="checkbox"/> Imaging (e.g. X-ray, CT scan, MRI) |
| <input type="checkbox"/> Laboratory (blood collection) |
| <input type="checkbox"/> Laboratory (anatomical pathology) |
| <input type="checkbox"/> Medical Records - Discharged Patients |
| <input type="checkbox"/> Medical Records - Use of Sunrise Clinical Manager |
| <input type="checkbox"/> Medical Records - Outpatient Clinics |
| <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Pharmacy |

Physiotherapy

Respiratory

Other (please specify below)

Other department required to support research:



SAMPLE

12. SAVE APPLICATION - HUMAN ETHICS APPLICATION

You have reached the end of the Human Ethics Application.

OPTIONS:

1) Submit application (PI only) - click the "Continue" button and "Submit application" on the next page.
NOTE: the "Submit application" button is only visible to the PI.

2) Work on this application later - click the "Continue" button. Your application will be in "Pre Submission" and saved in your inbox.

Copyright © 2018 The University of British Columbia

SAMPLE