

**REVIEW ETHICS BOARD:**

ANNUAL REB RENEWAL





**SECTION A: STUDY TITLE, CONTACT INFO FOR RESEARCHER(S), ETC.**

**A1. TITLE OF RESEARCH PROJECT:**

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| REB File No.:        | REB Approval Date:  |
| --- | --- |

**A2. PRINCIPAL INVESTIGATOR:**

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

**A3. CO-INVESTIGATOR, FACULTY SUPERVISOR, FACULTY SPONSOR (VISITING RESEARCHER):**

☐ NOT APPLICABLE

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

**ALTERNATE CONTACT(S)**: (e.g., Research Coordinator) ☐ NOT APPLICABLE

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

**SECTION B: PROJECT STATUS, SUMMARY, CHANGES, ETC.**

**B1.** What is the current status, of the study?

☐ Research participants/informants **ARE** currently being recruited OR participating.

Provide (estimated) start and end dates:

☐ Research participants/informants **WILL BE** recruited.

Provide (estimated) start and end dates:

☐ Research participants/informant involvement has been completed

☐ Research is **ON HOLD** - Describe circumstances:

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☐ Final Analysis in progress

☐ This study involves secondary data analysis only

**B2. STUDY SUMMARY & PROGRESS**

Provide a brief summary of study progress over past 12 months (100-200 words):

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**B3. RESEARCH PROTOCOLS**

**Will** there be any changes to the study protocols, consent process, documentation, data collection etc. since the most recent approval? ☐ NO ☐ YES

 (\***IF YES**, file a **REB Approval Amendment** form. REVISED protocols **MAY NOT** be implemented until REB approval. \* This does **NOT** apply to previously approved amendments.)

**B4.** Have there been any changes in those research personnel who interact with participants/informants and/or have access to their data? ☐ NO ☐ YES

If **Yes**, please list new personnel and position.

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**B5.** How many research participants/informants have completed the study?

**B6**. How many are currently participating?

**B7.** How many have withdrawn? (if applicable)

Describe the general circumstances for any withdrawals.

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**B8.** How many participants/informants are still to be recruited?

**B9.** Describe any issues or concerns encountered with recruitment, data management, etc.

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**B10.** Subsequent, to original REB clearance, have any ethical concerns (minor or major) arisen?

☐ NO ☐ YES

**IF YES,** describe concerns in detail, use additional page(s) if necessary:

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**B11.** Have there been any adverse or unanticipated events? ☐ NO ☐ YES

**IF YES,** submit an **Adverse/Unanticipated Event Report** form**.**

**B12.** Since the last REB clearance, have there been ANY changes to the risk assessment AND/OR potential benefits ☐ NO ☐ YES

**IF YES,** describe.

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**B13.** Since the last REB clearance, describe (IF ANY) changes to procedures for ensuring the CONFIDENTIALITY/ANONYMITY of participants/informants, data safeguards, storage, etc.

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**SECTION C: SIGNATURES**

I CERTIFY, that the information provided in this form is complete and correct.

| PRINCIPAL INVESTIGATOR:        | Date:       |
| --- | --- |
| PRINCIPAL INVESTIGATOR:        | Date:       |

| CO-INVESTIGATOR:        | Date:       |
| --- | --- |
| CO-INVESTIGATOR:        | Date:       |
| FACULTY SUPERVISOR:        | Date:       |
| FACULTY SPONSOR:        | Date:       |

**(\* IF** principal investigator is a **STUDENT,** their academic advisor **MUST** sign, indicating their reviewed of the submission.)

| ACADEMIC ADVISOR:        | Date:       |
| --- | --- |
| ACADEMIC ADVISOR:        | Date:       |

\*\* Email copy of this submission including relevant appendices to**:** **ethics@algomau.ca****.**

**SECTION D: REB RENEWAL DECISION**

**RENEWAL IS APPROVED**

| NAME:        | SIGNATURE:       |
| --- | --- |
| DATE:        | PROJECT RENEWED UNTIL:        |

**RENEWAL NOT APPROVED**

| NAME:        | SIGNATURE:       |
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| DATE:        |
| RATIONALE FOR NON-RENEWAL, (e.g., concerns, issues, etc.) :       |

**CONCERNS ADDRESSED - RENEWAL NOW APPROVED**

| NAME:        | SIGNATURE:       |
| --- | --- |
| DATE:        | PROJECT RENEWED UNTIL:        |