Commit

**University Research Ethics Board (UREB)**



**REB.FORM.003 | Renewal Request**

Please note:

Research ethics clearances are valid for only a one-year period. Researchers must provide a request for renewal prior to the expiry date listed on the ethics clearance certificate. Researchers must cease all research activity in relation to studies with expired clearance and any affiliated grant or contract funding will be suspended. There is no option to request retroactive approval.

|  |  |
| --- | --- |
| Section A – Ethics File Details | |
| 1. Date | Click or tap to enter a date. |
| 2. Research Ethics Clearance File # | Click or tap here to enter text. |
| 3. Title of Research Study | Click or tap here to enter text. |
| 4. Have there been any **unreported** changes to the study protocol, consent process or supporting documents since the most recent clearance approval? | Yes  No  \*If yes, please complete REB.FORM.002 and submit with this request for renewal. Renewal clearance cannot be provided until the requested change has been cleared. |

|  |  |
| --- | --- |
| Section B – Applicant Information | |
| 1. Principal Investigator or Nominated Principal Investigator - see [REB.INFO.001 REB Glossary of Terms.pdf (msvu.ca)](https://www2.msvu.ca/sites/ResearchDocumentCentre/Research%20Ethics%20%20Human/REB.INFO.001%20REB%20Glossary%20of%20Terms.pdf) | Click or tap here to enter text. |
| 2. Department/Faculty | Click or tap here to enter text. |
| 3. Email Address (MSVU email only) | Click or tap here to enter text. |
| 4. Telephone Number | Click or tap here to enter text. |
| 5. Category of Researcher | Choose an item.  If you chose Other, please specify:  Click or tap here to enter text. |
| \*Please provide your supervisor’s or MSVU Faculty Sponsor’s information below (if applicable): | |
| 6. Supervisor | Click or tap here to enter text. |
| 7. Supervisor’s Email (MSVU email only) | Click or tap here to enter text. |
| 8. Supervisor’s Telephone Number | Click or tap here to enter text. |
| 9. Have there been any changes in research personnel who interact with participants and/or have access to personal data that have not yet been reported to the UREB? | Yes  No  \*If yes, please complete REB.FORM.014 and submit with this request for renewal. Renewal clearance cannot be provided until the requested change to personnel has been cleared. |

|  |  |
| --- | --- |
| Section C – Research Funding | |
| 1. Research Funding Status | Choose an item. |
| 2. Grantor (Please select all that apply) | Tri-Council (SSHRC, CIHR, NSERC)  Internal  Other External  (Please specify other grantors):  Click or tap here to enter text. |
| 3. Principal Investigator on funding | Click or tap here to enter text. |
| 4. Grant Number(s) | Click or tap here to enter text. |
| 5. Grant Title if different from REB File | Click or tap here to enter text. |
| 6. Funding Period | Start Date: Click or tap to enter a date.  End Date : Click or tap to enter a date. |

|  |  |
| --- | --- |
| Section D – Research Study Status  Please answer questions under a) or b) | |
| **a) Delayed Study:**  Give the reason for the delay:  Click or tap here to enter text. | **b) Active Study:**  Commencement date of the study:  Click or tap to enter a date. |
| Provide the anticipated starting date:  Click or tap to enter a date. | Anticipated completion date of the study:  Click or tap to enter a date. |

|  |  |
| --- | --- |
| Section E – Participant Information | |
| 1. Is recruitment still on-going? | Yes  No |
| 1. Number of participants that have completed the study | Click or tap here to enter text. |
| 1. Number of participants still required for the study | Click or tap here to enter text. |
| 1. Number of participants that voluntarily withdrew from the study | Click or tap here to enter text. |
| 1. Please provide their reasons for withdrawal | Click or tap here to enter text. |
| 1. Number of participants who were removed from the study by the researcher | Click or tap here to enter text. |
| 1. Please provide the reasons for their removal | Click or tap here to enter text. |
| 1. Have there been any feedback or complaints from participants about the study? | Yes  No  If yes, please explain:  Click or tap here to enter text. |

|  |  |
| --- | --- |
| Section F – Risks and Benefits | |
| 1. Has anything changed in the last twelve months that may impact the original risk/benefit assessment? | Yes  No  If *yes*, please explain:  Click or tap here to enter text. |
| 1. Has new information emerged in the literature or from this or similar studies affected the risk/benefit assessment? | Yes  No  If *yes*, please explain and address whether this new information changes the original rationale or risk/benefit ratio for this study:  Click or tap here to enter text. |
| 1. Is there any new information available about the study that needs to be communicated to participants? | Yes  No  If *yes*, please explain and address whether this new information changes the original rationale or risk/benefit ratio for this study:  Click or tap here to enter text. |
| 1. During this study, have there been any indications that potential benefits to participants could be increased? | Yes  No  If *yes*, please explain:  Click or tap here to enter text. |
| 1. Since the last research ethics clearance for this study, have there been any changes in the conflict of interest information provided to the UREB? | Yes  No  If *yes*, please explain:  Click or tap here to enter text. |
| 1. Since the last research ethics clearance for this study, have there been any changes to how or where data will be collected, managed, protected, and/or disseminated? | Yes  No  If *yes*, please explain:  Click or tap here to enter text. |

|  |  |
| --- | --- |
| Section G - Research Event Reporting | |
| In the past twelve months have any of the following occurred: | Adverse Events: Yes  No  Unanticipated Events: Yes  No  Privacy Breaches: Yes  No |
| If **yes**, please answer the following questions: | |
| 1. Were these reported to the UREB? | Yes  No |
| 1. If they were ***not reported***, please explain: | Click or tap here to enter text. |
| 1. What measures are now in place to protect the participants from these risks? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Section H – Progress Report (max ½ page) | |
| 1. Provide a brief summary of your research activity for this study over the last twelve months. | Click or tap here to enter text. |
| 1. Briefly outline your research plans for this study for the upcoming twelve-month period. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Section I – Signature and Agreement | | |
| My/Our signature(s) below confirms that I/we will ensure that all procedures conducted as part of the project will be conducted in accordance with the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS) found online at <http://www.pre.ethics.gc.ca/eng/index/> as well as all relevant MSVU University Research Ethics Board policies and procedures and agree to comply with the policies and procedures outlined therein. | | |
| Signature of Principal Investigator or Nominated Principal Investigator | Name:  Click or tap here to enter text. | Date: Click or tap to enter a date. |
| **Faculty Supervisor**  In the case of student research, as Faculty Supervisor, my signature below indicates that I have read and approved the application and proposal, deem the project scientifically valid and worthwhile, and agree to provide continuing and thorough supervision of the student(s). I will ensure that the level of risk inherent to the project is balanced by the level of research experience that the student research has, combined with an extent of oversight that will be provided by me and that the research will be conducted in accordance with the MSVU UREB's approved protocol and consenting process. | | |
| Signature of Faculty Supervisor | Name of Faculty Supervisor:  Click or tap here to enter text. | Date: Click or tap to enter a date. |

**Submission Process:**

1. Researchers must submit the application electronically to [ethics@msvu.ca](mailto:ethics@msvu.ca)
2. Please note that recruitment and data collection may not begin until a certificate of Research Ethics Clearance has been issued.
3. Researchers may **only** use letters and/or numbers for file names and must refrain from using any special characters (e.g., #; &; etc.).
4. All documents in the appendices must be clearly labeled and reflect how they are referenced in the application.
5. Note - **only 2 attachments** are permitted for submission– the application (1) and the combined appendices (2)
6. Application packages shall only be accepted in the form of Word documents (\*.doc or \*.docx) or Portable Document Format (\*.pdf)

For details on specific submission criteria, please see the following Guidance Documents:

* [REB.INFO.401](https://www2.msvu.ca/sites/ResearchDocumentCentre/Research%20Ethics%20%20Human/REB.INFO.401%20Faculty%20and%20Staff%20Submission%20Process.pdf) – Faculty & Staff
* [REB.INFO.402](https://www2.msvu.ca/sites/ResearchDocumentCentre/Research%20Ethics%20%20Human/REB.INFO.402%20Graduate%20Student%20Submission%20Process.pdf) – Graduate Students
* [REB.INFO.403](https://www2.msvu.ca/sites/ResearchDocumentCentre/Research%20Ethics%20%20Human/REB.INFO.403%20Undergraduate%20Student%20Submission%20Process.pdf) – Undergraduate Students