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| This is a picture of the Mount Saint Vincent University logo | **Research Ethics Board** |

# **REB.FORM.004 – Final Report**

# **Section A – Ethics File Details**

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| 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. Start Date for the Study: | Click or tap to enter a date. |
| 5. Completion Date for the Study: | Click or tap to enter a date. |
| 6. 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. A renewed clearance cannot be provided until the requested change has been cleared. |

# **Section B – Applicant Information**

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| 1. Principal Investigator or Nominated Principal Investigator - see the MSVU [REB Glossary of Terms](https://www2.msvu.ca/sites/ResearchDocumentCentre/Research%20Ethics%20%20Human/REB.INFO.001%20REB%20Glossary%20of%20Terms.pdf) (REB.INFO.001) | 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**

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| 1. Research Funding Status   Funded  Pending Funding  Not Funded |
| 1. For Funded Researcher – indicator the 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. |
| 1. Principal Investigator on funding (if applicable): Click or tap here to enter text. |
| 1. Grant Number(s) – if applicable: Click or tap here to enter text. |
| 1. Grant Title if different from REB File: Click or tap here to enter text. |
| 1. Funding Period:   Start Date: Click or tap to enter a date.  End Date: Click or tap to enter a date. |

# **Section D – Research Study Progress**

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| 1. The study was | Choose the status that best reflects your study.  Choose an item.  If you selected “Other”, please specify:  Click or tap here to enter text. |

# **Section E – Participant Information**

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| 1. When did the last participant complete the study? | Click or tap to enter a date. |
| 2. Number of participants initially planned for the study | Click or tap here to enter text. |
| 3. Number of participants recruited into the study | Click or tap here to enter text. |
| 4. Number of participants that completed the study | Click or tap here to enter text. |
| 5. Number of participants that voluntarily withdrew or were removed by the researcher from the study: | Click or tap here to enter text. |
| 6. Please provide their reasons for withdrawal or removal. | Click or tap here to enter text. |

# **Section F - Risks and Benefits**

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| 1. Has anything changed in the last twelve months that may impact the original risk/benefit ratio? | Yes  No  If *yes*, please explain:  Click or tap here to enter text. |
| 2. Has new information in literature or evolved from this or similar studies affected the risk/benefit ratio? | 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. |
| 3. 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. |
| 4. 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. |
| 5. Since the last research ethics clearance for this study, has 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. |
| 6. Since the last research ethics clearance for this study, has there been any changes to how or where data will be collected/managed/protected/ managed and/or disseminated? | Yes  No  If *yes*, please explain:  Click or tap here to enter text. |

# **Section G - Research Event Reporting**

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| In the past twelve months have any of the following occurred: | Adverse Events: Yes  No  Unanticipated Events: Yes  No  Privacy Breaches: Yes  No |
| If you answered **yes** to any of the above, 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 – Dissemination of Research**

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| 1. Provide a brief summary of your research activity for this study over the last twelve months | Click or tap here to enter text. |
| 2. Have the results of the study been disseminated to participants and NGOs? | Yes  No  If no, explain why?  Click or tap here to enter text. |
| 3. Please list other forms of dissemination and plans for future dissemination. | Click or tap here to enter text. |

# **Section I – Research Data Management**

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| Research records are to be managed in accordance with MSVU and UREB Data Storage Guidelines, the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and Nova Scotia's Personal Information International Disclosure Protection Act (PIIDPA), other applicable standards, including funding agency requirements (if applicable). | |
| 1. How will records be managed or destroyed (if applicable) | Click or tap here to enter text. |
| 2. Where will records be managed or destroyed (if applicable) | Click or tap here to enter text. |
| 3. How long will records be managed or destroyed (if applicable). | Click or tap here to enter text. |
| 4. Please describe all applicable privacy protections. | Click or tap here to enter text. |

# **Section J – Signature and Agreement**

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| My/Our signature(s) below, and submission of this application, 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. | |
| **Insert** Signature of Principal Investigator or Nominated Principal Investigator | Date: Click or tap to enter a date. |
| **Faculty Supervisor or MSVU Sponsor (if required)**  In the case of student research, as Faculty Supervisor, my signature below, and submission of this application, 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 researcher has. I will provide appropriate oversight to ensure that the research will be conducted in accordance with MSVU UREB's policies/procedures and that it adheres to this cleared protocol and consenting process. | |
| **Insert** Signature of Faculty Supervisor | 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