



McMaster University Research Ethics Board (MREB)
 FACULTY/GRADUATE/UNDERGRADUATE/STAFF
APPLICATION TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH
 [Behavioural / Non-Medical]

Date: October 1, 2014	Application Status: New: [x] Change Request: []	Protocol #
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Comment [CK1]: Date of submission

Helpful Hints Mouse over bold blue hypertext links for help with completing this form.

- Use the most recent version of this form.
- Refer to the McMaster University < [Research Ethics Guidelines and Researcher's Handbook](#) >, prior to completing and submitting this application.
- For < [help](#) > with completing this form or the ethics review process, contact the Ethics Secretariat at ext. 23142, or 26117 or ethicsoffice@mcmaster.ca
- To change a previously cleared protocol, please submit the "< [Change Request](#) >" form.

HOW TO SUBMIT:

If submitting hard copies of your typewritten application send this form and all accompanying supporting documents in duplicate (2 copies) to the Ethics Secretariat at the address below.

If submitting by e-mail, send your typewritten application plus supporting documents as separate attachments, and forward the original signed signature page to the **Ethics Secretariat, Research Office for Administration, Development and Support (ROADS), Room 305 Gilmour Hall, ext. 23142, ethicsoffice@mcmaster.ca.**

SECTION A – GENERAL INFORMATION

1. Study Titles: (Insert in space below)

Title: My Sample Study Involving People
1a: Grant Title: N/A

Comment [CK2]: Insert your study title

2. Investigator Information: **This form is not to be completed by < [Faculty of Health Science researchers](#) >.**

*Faculty and staff information should be inserted **above** the black bar in this table.

Student researcher and faculty supervisor information should be inserted **below** the black bar in the table below.

Comment [CK3]: All people involved, Include the highlighted note in your application

	Full Name	Department <small>& or name of university if different from McMaster</small>	Telephone Number(s) & Extension(s)	E-mail Address <small>(Address you regularly use)</small>
Principal Investigator*	Dr. Abe Simpson	PNB	X1234	abe@mcmaster.ca
Co-Investigator(s) <small>(Insert additional rows as required.)</small>				
Research Assistants or Project Coordinators*	Please see SOP 2014-125 Section 2 for Technical Staff			
Student Investigator(s)*				
Faculty Supervisor(s)*				

Comment [CK4]: Include this line in your RA line

3. **Study Timelines:** (Contact the Ethics Secretariat at X 23142 or ethicsoffice@mcmaster.ca for urgent requests.)

(a) What is the date you plan to begin recruiting participants or obtain their permission to review their private documents (Provide a specific date)?

October 1st, 2014

(b) What is the estimated last date for data collection with human participants?

December 22, 2014

4. **Location of Research:** List the location(s) where research will be conducted. Move your mouse over this [Helpful Hint](#) for more information on foreign country or school board reviews and contact the Ethics Office at X 23142 or 26117 for information on possible additional requirements:

- (a) McMaster University **Site: LIVELab (Psychology, Neuroscience, and Behaviour Complex)**
(b) Community Specify Site(s)
(c) Hospital Specify Site(s)
(d) Outside of Canada Specify Site(s)
(e) School Boards Specify Site(s)
(f) Other Specify Site(s)

5. **Other Research Ethics Board Clearance**

(a) Are researchers from outside McMaster also conducting this research? If **yes**, please provide their information in Section 2 above. **Yes** **No**

(b) Has any other institutional Research Ethics Board already cleared this project? **Yes** **No**

(c) If **Yes** to (5b), complete this application and provide a copy of the ethics clearance certificate /approval letter.

(d) Please provide the following information:

Title of the project cleared elsewhere:
Name of the other institution:
Name of the other board:
Date of the other ethics review board's decision:
Contact name & phone number for the other board:

(e) Will any other Research Ethics Board(s) or equivalent be asked for clearance? **Yes** **No**
If yes, please provide the name and location of board(s).

N/A

GENERAL INSTRUCTIONS AND HELPFUL TIPS (Please read first):

Please be as **clear** and **concise** as possible and **avoid technical jargon**. Keep in mind that your protocol could be read by reviewers who may not be specialists in your field. Feel free to use **headings, bolding and bullets** to organize your information. Content boxes on this application expand.

6. **Research Involving Canadian Aboriginal Peoples** i.e., First Nations, Inuit and Métis (Check all that apply)

(a) Will the research be conducted on Canadian Aboriginal lands? **Yes** **No**

(b) Will recruitment criteria include Canadian Aboriginal identity as either a factor for the entire study or for a subgroup in the study? **Yes** **No**

(c) Will the research seek input from participants regarding a Canadian Aboriginal community's cultural heritage, artifacts, traditional knowledge or unique characteristics? **Yes** **No**

Comment [CK5]: Complete as described. The dates. For Part B, change to ongoing if it is a program of research

Comment [CK6]: Add LIVELab as site

Comment [CK7]: Complete as described

Comment [CK8]: Complete as described

(d) Will research in which Canadian Aboriginal identity or membership in an Aboriginal community be used as a variable for the purpose of analysis of the research data? Yes No

(e) Will interpretation of research results refer to Canadian Aboriginal communities, peoples, language, history or culture? Yes No

If "Yes" was selected for any questions 6.a-6.e above, please note that the TCPS (Chapter 9) requires that researchers shall offer the option of engagement with Canadian Aboriginal communities involved in the research. <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>. For advice regarding TCPS guidelines for conducting research with Canadian Aboriginal peoples, please contact Karen Szala-Meneok at X 26117 or szalak@mcmaster.ca

(f) Please describe the nature and extent of your engagement with the Aboriginal community(s) being researched. The nature of community engagement should be appropriate to the unique characteristics of the community(s) and the research. The extent of community engagement should be determined jointly by the researchers and the relevant communities. Include any information/advice received from or about the Aboriginal community under study. **The TCPS notes; "although researchers shall offer the option of engagement, a community may choose to engage nominally or not at all, despite being willing to allow the research to proceed". If conducted research with several Aboriginal communities or sub-groups, please use headings to organize your information.**

ATTACHMENTS: Provide copies of all documents that indicate how community engagement has been or will be established (e.g., letters of support), where appropriate.

N/A

(g) Has or will a research agreement be created between the researcher and the Aboriginal community? Yes No

If **Yes**, please provide details about the agreement below (e.g., written or verbal agreement etc.).

ATTACHMENTS: Submit a copy of any written research agreements, if applicable. See the MREB website for a sample customizable research agreement <https://reo.mcmaster.ca/educational-resources> or visit the CIHR website <http://www.cihr-irsc.gc.ca/e/29134.html>

N/A

(h) Are you are seeking a waiver of the community engagement requirement? (A waiver may be granted if the REB is satisfied that, Aboriginal participants will not be identified with a community or that the welfare of relevant communities will not be affected by the research.) Yes No

If **yes**, please provide the rationale for this waiver request in the space below.

N/A

7. Level of the Project (Check all that apply)

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Faculty Research | <input type="checkbox"/> Post-Doctoral | <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Staff/Administration |
| <input type="checkbox"/> Master's (Major Research Paper - MRP) | <input type="checkbox"/> Master's (Thesis) | <input type="checkbox"/> Undergraduate (Honour's Thesis) | <input type="checkbox"/> Undergraduate (Independent Research) |
| <input type="checkbox"/> Undergraduate (Honour's Thesis) | <input type="checkbox"/> Undergraduate (Independent Research) | <input type="checkbox"/> Other (specify): | |

8. Funding of the Project

(a) Is this project currently being funded? Yes No

(b) If **No**, is funding being sought? Yes No

(c) Period of Funding: **From:** [] **To:** []
(mm/dd/yyyy) (mm/dd/yyyy)

Comment [CK9]: Complete as described

(d) Funding agency (funded or applied to) & agency number (i.e., number assigned by agency), if applicable. **Click this < link > to determine your “agency number”.** (This is not your PIN number).

- | | |
|---|---|
| <input type="checkbox"/> CIHR & agency # | <input type="checkbox"/> NSERC & agency # |
| <input type="checkbox"/> SSHRC & agency # | <input type="checkbox"/> ARB & account # |
| <input type="checkbox"/> Health Canada & agency # | <input type="checkbox"/> CFI & agency # |
| <input type="checkbox"/> Canada Graduate Scholarship & Agency # | <input type="checkbox"/> Post Graduate Scholarship & Agency # |
| <input type="checkbox"/> USRA & grant # | |
| <input type="checkbox"/> Other agency: | |

(e): Are you requesting ethics clearance for a research project that was not originally designed to collect data from human participants or their records (i.e., your research project originally did not involve collecting data from humans or their records) but you now intend to do so? Yes No

9. **Conflicts of Interest**

Comment [CK10]: Complete as described

(a) Do any researchers conducting this study, have multiple roles with potential participants (e.g., acting as both researcher and as a therapist, health care provider, family member, caregiver, teacher, advisor, consultant, supervisor, student/student peer, or employer/employee or other dual role) that may create real, potential, or perceived conflicts, undue influences, power imbalances or coercion, that could affect relationships with others and affect decision-making processes such as consent to participate?

Yes No

(i) If **yes**, please describe the multiple roles between the researcher(s) and any participants.

N/A

(ii) Describe how any conflicts of interest identified above will be avoided, minimized or managed.

N/A

(b) Will the researcher(s), members of the research team, and/or their partners or immediate family members:

(i) receive any personal benefits (for example a financial benefit such as remuneration, intellectual property rights, rights of employment, consultancies, board membership, share ownership, stock options etc.) as a result of or being connected to this study? Yes No

(ii) If **yes**, please describe the benefits below. (Do not include conference and travel expense coverage, possible academic promotion, or other benefits which are integral to the conduct of research generally).

(c) Describe any restrictions regarding access to or disclosure of information (during or at the end of the study) that the sponsor has placed on the investigator(s), if applicable.

N/A

SECTION B – SUMMARY OF THE PROPOSED RESEARCH

10. Rationale

For the proposed research, please describe the *background* and the *purpose* concisely and in lay terms, as well as any overarching research questions or hypotheses to be examined.

Please do not cut and paste full sections from your research proposal.

Background:

There is a large body of evidence supporting my current theory such as

Please refer to **SOP 2014-125 Section 10.1** for a background of the technology and the LIVELab.

Purpose:

To determine if...

Overarching Research Questions:

Questions...

11. Participants

Please use the space below to describe the:

If researching several sub-populations, use headings to organize details for items (a) and (b).

(a) APPROXIMATE NUMBER OF PARTICIPANTS:

100

(b) PARTICIPANT SALIENT CHARACTERISTICS:

Males between the ages of 21 and 29

Comment [CK11]: You can reference the background of the lab and the multiple user testing space as noted. You may not reference the purpose or questions. You should also include background of your research as well.

Comment [CK12]: You cannot reference in here. You must complete

12. Recruitment

Please describe in the space below:

- (a) How each type of participant will be recruited
- (b) Who will recruit each type of participant
- (c) Relationships (if any) between the investigator(s) and participant(s) (e.g. instructor-student; manager-employee, family member, student peers, fellow club members, no relationship etc.),
- (d) Permission you have or plan to obtain, for your mode of recruitment for each type of participant, if applicable

If researching several sub-populations, use headings to organize details for items (a) – (d). Click “[Tips and Samples](#)” to find the “How to Unpack the Recruitment Details” worksheet and other samples.

ATTACHMENTS: Provide copies of all recruitment posters, advertisements letters, flyers, and/or email scripts etc. and label these as appendices (e.g., Appendix A or 1).

(A) HOW EACH TYPE OF PARTICIPANT WILL BE RECRUITED

- Members of the public will be recruited according to SOP 2014-125 12.1.1
- Undergraduate students will be recruited according to SOP 2014-125 12.1.2
- We will also recruit seniors from Dr. Julius Hibbert’s Family Medicine Practice (123 Main Street).

Recruitment Procedures:

- Please refer to SOP 2014-125 12.2 for recruitment procedures for details on the referenced recruitment venues
- For Dr. Smith’s recruitment, please refer to Appendix A – Dr. Hibbert Recruitment Procedure

(B) WHO WILL RECRUIT EACH TYPE OF PARTICIPANT

Research assistants in my lab that have been trained by the investigator.

(C) **RELATIONSHIPS** (if any) between the investigator(s) and participant(s) (e.g. instructor-student; manager-employee, family member, student peers, fellow club members, no relationship etc.),

(DESCRIBE THEM HERE)

(D) **PERMISSION** you have or plan to obtain, for your mode of recruitment for each type of participant, if applicable

Please refer to SOP 2014-125 12.5 for details on permission for referenced sections. Dr. Hibbert has provided his permission to the investigator

Comment [CK13]: You may reference in this section for relevant recruitment methods. However, any deviation must be described in detail. Any scripts used must be included in your application.

When referencing, use the style outlined below

Only reference relevant sections

You may still be required to include an appropriate appendix

13. Methods

Describe sequentially, and in detail all data collection procedures in which the research participants will be involved (e.g., paper and pencil tasks, interviews, focus groups, lab experiments, participant observation, surveys, physical assessments etc. —*this is not an exhaustive list*). Include information about who will conduct the research, how long it will take, where data collection will take place, and the ways in which data will be collected (e.g., computer responses, handwritten notes, audio/video/photo recordings etc.).

If your research will be conducted with several sub-populations or progress in successive phases; use sub-headings to organize your description of methodological techniques.

ATTACHMENTS: Provide copies of all questionnaires, interview questions, test or data collection instruments etc. Label supporting documents as appendices (e.g., Appendix A or 1) and submit them as separate documents - not pasted into this application.
Click “[Tips and Samples](#)” to find the “How to Unpack the Methods” worksheet and other samples.

Participants will arrive and provide consent as per **SOP 2014-125 Section 13.1**. Participants will be randomly assigned to spin or to not spin. While they are spinning, they will be fitted with EEG (Please refer to **SOP 2014-125 Section 13.2.3**) and will be motion captured (Please refer to **SOP 2014-125 Section 13.2.1**).

Conclusion of the study will follow **SOP 2014-125 Section 13.6**.

14. Secondary Use of Identifiable Data (e.g. the use of personally identifiable data of participants contained in records that have been collected for a purpose other than your current research project):

(a) Do you plan on using identifiable data of participants in your research for which the original purpose that data was collected is different than the purpose of your current research project? [] Yes [**x**] No

If **yes**, please answer the next set of questions:

(b) Do you plan to link this identifiable data to other data sets? [] Yes [] No

If **yes**, please describe in the space below:

N/A

(c) What type of identifiable data from this data set are you planning to access and use?

N/A

(d) What personally identifiable data (e.g., name, student number, telephone number, date of birth etc.) from this data set do you plan on using in your research? Please explain why you need to collect this identifiable data and justify why each item is required to conduct your research.

N/A

(e) Describe the details of any agreement you have, or will have, in place with the owner of this data to allow you to use this data for your research. ***ATTACHMENTS: Submit a copy of any data access agreements.***

N/A

(f) When participants first contributed their data to this data set, were there any known preferences expressed by participants at that time about how their information would be used in the future? [] Yes [] No
If **yes**, please explain in the space below.

N/A

Comment [CK14]: Describe the methods of your study. When describing the technology, you may reference the methods section of the SOP.

Naturally, you should have a bit more detail than what I sampled here

Only reference relevant sections.

Any deviation from the SOP must be documented

Comment [CK15]: Complete as described

(g) What is the likelihood of adverse effects happening to the participants to whom this secondary use of data relates? Please explain.

N/A

(h) Will participants whose information is stored in this data set (which you plan to use for secondary purposes) consent to your use of this data? Yes No

Please explain in the space below.

N/A

15. **Experience**

What is your experience with this kind of research? Include information on the experience of all **individual(s)** who will have contact with the research participants or their data. **For example, you could mention your familiarity with the proposed methods, the study population(s) and/or the research topic.**

Abe Simpson has been conducting behavioural response studies at McMaster University since 1992, and was trained in such methods as a Ph.D. student at the University of Springfield between 1987 and 1992. He has been conducting EEG/MEG studies both here at McMaster since 1997 at Springfield Presbyterian since 1998.

For a description of the experience of the lab technicians, please refer to SOP 2014-125 Section 15.1

Comment [CK16]: Complete as described, Append the last highlighted line

16. **Compensation**

(a) Will participants receive compensation for participation?

	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Financial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comment [CK17]: If the SOP applies, you can reference like this. Otherwise, fill in

(b) If yes was answered for any of the above choices, please provide details. See < [Helpful Hints](#) > for funded research projects.

For compensation see SOP 2014-125 Section 16.B

(c) If participants choose to withdraw, how will you deal with their compensation?

Please see SOP 2014-125 Section 16.C

SECTION C – DESCRIPTION OF THE RISKS AND BENEFITS OF THE PROPOSED RESEARCH

17. Possible Risks

(a) Indicate if the participants might experience any of the following risks:

- i.) Physical risk (including any bodily contact or administration of any substance)? Yes No
- ii.) Psychological risks (including feeling demeaned, embarrassed worried or upset)? Yes No
- iii.) Social risks (including possible loss of status, privacy and / or reputation as well as economic risks)? Yes No
- iv.) Are any possible risks to participants greater than those the participants might encounter in their everyday life? Yes No

(b) If you checked **yes** for any of questions **i – iv** above, please describe the risk(s) in the space below.

Please see SOP 2014-125 Section 17B for a description of the standard risks of studies in the LIVELab.
In addition, participants may become violently nauseated by participating in the study

(c) Management of Risks: Describe how each of the risks identified above will be managed or minimized. Please, include an explanation regarding why alternative approaches cannot be used.

Please see SOP 2014-125 17C for a description of the management of risks in the LIVELab.
In addition, buckets and cold towels will be provided to participants

(d) Deception: Is there any deception involved in this research? Yes No

i.) If deception is to be used in your methods, describe the details of the deception (including what information will be withheld from participants) and justify the use of deception.

N/A

ii.) Please describe when participants will be given an explanation about why deception was used and how they will be debriefed about the study (for example, a more complete description of the purpose of the research).

ATTACHMENTS: Please provide a copy of the written debriefing form or script, if applicable.

N/A

18. Possible Benefits

Discuss any potential benefits to the participants and or scientific community/society that justify involvement of participants in this study. (**Please note: benefits should not be confused with compensation or reimbursement for taking part in the study.**)

This research will increase our understanding of how people think

Comment [CK18]: Reference ONLY is appropriate. If there are risks not outlined in the SOP you MUST include them here

Comment [CK19]: Complete as described

SECTION D – THE INFORMED CONSENT PROCESS

19. The Consent Process

(a) Please describe how consent will be documented. Provide a copy of the Letter of Information / Consent Form (if applicable). If a written consent form will not be used to document consent, please explain why and describe the alternative means that will be used. While oral consent may be acceptable in certain circumstances, it may still be appropriate to provide participants with a Letter of Information to participants about the study.

Click “[Tips and Samples](#)” for the McMaster REB recommended sample “Letter of Information / Consent Form”, to be written at the appropriate reading level. The “Guide to Converting Documents into Plain Language” is also found under “[Tips and Samples](#)”.

ATTACHMENTS: *Provide a copy of the Letter of Information and Consent form(s) or oral or telephone script(s) to be used in the consent process for each of your study populations, where applicable.*

Please see **SOP 2014-125 Section 19A** for an outline of the consent process

Please refer to Appendix B – Consent Form for the Letter of Information and Consent form that will be given to participants in this study

(b): Please describe the process the investigator(s) will use to obtain informed consent, including who will be obtaining informed consent. Describe plans for on-going consent, if applicable.

Please see **SOP 2014-125 Section 19B** for an outline of the consent procedure

20. Consent by an authorized person

If participants are minors or for other reasons are not competent to consent, describe the proposed alternate consent process. **ATTACHMENTS:** *Attach the Letter of Information and Consent form(s) to be provided to the person(s) providing the alternate consent. Click “[Tips and Samples](#)” to find samples.*

All participants are over the age of 17 and are competent to provide consent

21. Alternatives to prior individual consent

If obtaining written or oral documentation of an individual participant’s consent prior to start of the research project is not appropriate for this research, please explain and provide details for a proposed alternative consent process. **ATTACHMENTS:** *Please provide any Letters of Information and or Consent Forms.*

N/A

22. Providing participants with study results

How will participants be able to learn about the study results (e.g., mailed/emailed brief summary of results in plain language; posting on website or other appropriate means for this population)?

Please refer to **SOP 2014-125 Section 22**

23. Participant withdrawal

a) Describe how the participants will be informed of their right to withdraw from the project. Describe the procedures which will be followed to allow the participants to exercise this right.

Please refer to **SOP 2014-125 Section 23A**

Comment [CK20]: You may reference as such ONLY if there is no deviation from the method described in the SOP

Include any relevant appendices or consent forms

Comment [CK21]: Complete as described

Comment [CK22]: Note, this is the MIMM mailing list. Make sure it is appropriate for your Study

Comment [CK23]: Ensure this applies to your study. Document deviations

b) Indicate what will be done with the participant's data and any consequences which withdrawal might have on the participant, including any effect that withdrawal may have on the participant's compensation or continuation of services (if applicable).

Please refer to **SOP 2014-125** Section 23B

c) If the participants will not have the right to withdraw from the research, please explain.

N/A

24. **SECTION E – CONFIDENTIALITY & ANONYMITY**

Confidentiality concerns the protection, privacy and security of research data. Consult the Data Security Checklist at <http://reo.mcmaster.ca/educational-resources> for best practices to secure electronic and hard copy versions of data and study documents.

(a) Will the data you collect be kept protected, private and secure from non-research team members?

Yes No

If **No**, then explain why not, and describe what steps you be put in place to advise participants that data will not be kept protected, private and secure from non-research team members.

N/A

(b) Describe the procedures to be used to ensure that the data you collect in your research will be kept protected, private, and secure from non-research team members. In your description, explain who will have access to the data and what data security measures will be put in place during data transfer and data storage.

Please refer to **SOP 2014-125** Section 24B

(c) Will the research data be kept indefinitely or will it be deleted after a certain time period? Please explain. In your answer, describe why you plan to keep data indefinitely or not. If deleting data after a certain time period, explain why you chose the time period you did. Describe how participants will be informed whether their data will be deleted or not.

Please refer to **SOP 2014-125** Section 24C

Anonymity concerns whether participant identities are made known or not. The anonymity promised to participants can be different during different stages of research (i.e., during recruitment, during data collection, during data storage, and during the dissemination of research findings).

(d) Describe the extent to which participant identities will be made known in each of the following activities: during recruitment, during data collection, during data storage, and during the dissemination of research findings. In your description, explain what steps or procedures you plan to put in place to keep participant identities unknown in each of those activities.

Please refer to **SOP 2014-125** Section 24D

Comment [CK24]: You may reference as such, BUT you must then add relevant notes that are specific to you and your team.

I.e., after the lab gives you the data, where and how are **YOU** going to store it?

SECTION F -- MONITORING ONGOING RESEARCH

25. Adverse Events, Change Requests and Annual Renewal/Project Status Report

- a) **Adverse events** (Unanticipated negative consequences or results affecting participants) must be reported by faculty researcher or supervisor to the REB Secretariat (Ethics Office – Ext. 23142) and the MREB Chair, as soon as possible and in any event, no more than 3 days after they occur.
See: https://reo.mcmaster.ca/policies/copy_of_guidelines#12-0-adverse-events
- b) **Changes to cleared research:** To obtain clearance for a change to a protocol that has already received ethics clearance, please complete the “< [Change Request](#) >” form available on the MREB website or by clicking this link. Proposed changes may not begin before they receive ethics clearance.
- c) **Annual Renewal/Project Status Report** Ethics clearance is for only one year.
The minimum requirement for renewing clearance is the completion of an “Annual Renewal/Project Status Report” in advance of the (1 year) anniversary of the original ethics clearance date. ”

PLEASE NOTE:

It is the investigator’s responsibility to complete the Annual Project Status Report that is sent each year by email 8 weeks in advance of the anniversary of the original ethics clearance to comply with the Research Integrity Policy. If ethics clearance expires the Research Ethics Board is obliged to notify Research Finance who in accordance with university and funding agency regulations will put a hold on funds.

- 26. **Additional Information:** Use this section or additional page(s) to complete any part of this form, or for any other information relevant to this project which you wish to provide to the Research Ethics Board.

27. POSTING OF APPROVED PROTOCOLS ON THE RESEARCH ETHICS WEBSITE

- a) It is the policy of MREB to post a list of cleared protocols on the Research Ethics website. Posted information usually includes: title, names of principal investigators, principal investigator department, type of project (i.e. Faculty; PhD; Masters, Undergraduate etc.)
- b) You may request that the title be deleted from the posted information.
- c) Do you request that the title be eliminated from the posted information? [] Yes [] No
- d) The ethics board will honour your request if you answer **Yes** to the above question **27 c)** but we ask you to provide a reason for making this request for the information of the Board. You may also use the space for any other special requests.
- e) < [List of MREB Cleared Protocols](#) > < [List of Undergraduate SREC Cleared Protocols](#) >

N/A

Supporting Materials Checklist:

Comment [CK25]: Complete based on what you write in your application

Supporting Materials Checklist	I will use this type of material in my study <i>(Insert X below)</i>	I have attached a copy of this material in my protocol <i>(Insert X below)</i>	This is how I labeled and titled this material in my protocol <i>(e.g., Appendix A – "Email Recruitment Script for Organizational Workers")</i>
Recruitment Materials			
Study Information Brochure			
Video/audio recording that explains study details			
Participant Screening Form			
Recruitment Advertisements			
Recruitment Poster			
Recruitment Script – Verbal/Telephone			
Recruitment Script – Email (direct to participant)			
Recruitment Script – Email (From holder of participant's contact information)			
Recruitment for follow-up interview			
Snowball Recruitment script			
Reminder/thank you/ card/script/email			
Appreciation Letter/certificate – For Participants			
Other			
Informed Consent Materials			
Consent Log (to record oral consent)			
Oral/Telephone Consent Script			
Letter of Information & Consent Form – Participants			
Letter of Information & Consent Form – Parent			
Letter of Information & Consent Form - Guardian or Substitute Decision Maker			
Letter of Information & Assent Form – Minors			
Online survey brief information/consent and implied consent buttons			
Letter of Support for Study			
Research Agreement			
Other			
Data Collection Materials			
Information Sharing/Data Access/Transfer Agreement (for secondary use of data)			
Demographic form - Participant's			
Instructions for participants			
Interview Guide – (Questions for face to face, telephone, Internet/email interview)			
Interview Guide – Questions for Focus Groups			
Questionnaire or Survey questions & instructions (Paper and pencil or online formats)			
Rating Scales/inventories/Assessment Instruments			
Role-play/simulation scripts			
Stimuli used to elicit responses			
Images (photos, diagrams etc.) depicting instruments, equipment, exercises etc.			
Other			
Debriefing Materials			
Debriefing Form			
Deception Study - Debriefing Letter & post debriefing consent form			
Deception Study- Debriefing script – verbal			
Other			
Confidentiality Materials			
Confidentiality Oath/ Agreement			
Confidential Study Code Key Log			
Other			
Materials for previous review by other REBs			
Application form –Other REBs (Original)			

Supporting Materials Checklist	I will use this type of material in my study <i>(Insert X below)</i>	I have attached a copy of this material in my protocol <i>(Insert X below)</i>	This is how I labeled and titled this material in my protocol (e.g., <i>Appendix A – "Email Recruitment Script for Organizational Workers"</i>)
Application form – Other REBs (Revised)			
Communication between REB & researcher (letters, emails, faxes etc.)			
Clearance Certificate (Other REBs)			
Other			
Other Supporting Materials			
Compensation Log			
List of support services for participants			
Participant Appreciation - letter, script, email or certificate etc.			
Researcher Training Certificates			
Scientific Licenses			
Other			

28. Researcher Assurance: < [SECTION G – SIGNATURES](#) >

I confirm that I have read the McMaster University Research Integrity Policy <http://www.mcmaster.ca/policy/faculty/Research/Research%20Integrity%20Policy.pdf> , and I agree to comply with this and other university policies, guidelines and the Tri-Council Policy Statement (TCPS) and of my profession or discipline regarding the ethical conduct of research involving humans.

In addition, I understand that the following *all constitute violations of the McMaster University's Research Integrity Policy*:

- failure to obtain research ethics clearance;
- carrying out research in a manner that was not cleared by one of the university's REBs;
- failure to submit a **Change Request** to obtain ethics clearance prior to implementing changes to a cleared study;
- failure to report an **Adverse Event** (i.e., an unanticipated negative consequence or result affecting participants) by the investigator or faculty supervisor of student research to the MREB secretariat and the MREB chair, as soon as possible and in any event, no more than 3 days after the event occurs;
- failure to submit an **Annual Renewal/Project Status Report** in advance of the 1 year anniversary of the original ethics clearance date.



Dr. Abe Simpson

Signature of Faculty, Student or Staff Researcher

PLEASE PRINT NAME HERE

Date

(Add lines for additional researchers.)

Supervisor Assurance for Graduate or Undergraduate Student Research:

"I am the supervisor for this proposed student research and have read this ethics application and supporting documents and deem the project to be valid and worthwhile, and I will provide the necessary supervision of the student(s) researcher(s) throughout the project including ensuring that the project will be conducted as cleared and to make myself available should problems arise during the course of the research.

Signature of Faculty Supervisor of Student Research

PLEASE PRINT NAME HERE

Date

(Add lines for additional supervisors.)