**BRUYÈRE HEALTH RESEARCH ETHICS BOARD REGISTRATION FORM**

**INSTRUCTIONS & USE OF THIS FORM**

This form is to be used for the following scenarios:

1. Research studies that have obtained REB approval from OHSN under the Harmonization Agreement, from CHEO under the CHEO Harmonization Agreement, or have received approval through the Clinical Trials Ontario (CTO) stream. **If your study is recruiting Bruyère Health patients (in-patients and out-patients), residents, tenants, family members, staff, students or volunteers beyond self-referral methods, you are also required to complete the Impact Form.**
2. External research studies that have received REB approval at their institution, ***and*** where a Bruyère Health investigator is listed as a co-investigator on the study (not the study PI), ***and*** the only Bruyère Health participation is protocol development and/or data analysis, and no data will be stored at BHRI. Not all sections of this form will apply; please fill out the applicable sections only.

Please include the study protocol in your submission to the applicable Departmental/Unit Manager. *Please note that Departmental/Unit signatures are* ***not*** *required on this form if you are completing the* ***Impact Form****. Only the Bruyère PI is required to sign this form for registration purposes.*

**SUBMISSION TO THE REB OFFICE**

Please complete all sections of this Form (as applicable). Incomplete forms will be returned. Once completed, please submit this Form, along with the study protocol, to the REB Office: [***REB@bruyere.org***](mailto:REB@bruyere.org)

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| **STUDY INFORMATION** | |
| Study Title:  Study Duration: | Principal Investigator:  Site Investigator/Collaborator at Bruyère Health:  Main Study Contact:  Email: |
| REB of Record:  Date of REB Approval: | Study Sponsor (if multi-site, please indicate the sponsor site): |
| Will you be sending or receiving study data outside of Bruyère Health?  No  Yes  If yes, please inquire with your RSM to determine if a data sharing/material transfer agreement is required. | |
| Recruitment at Bruyère Health:  N/A  Bruyère Health inpatients/outpatients/family  members  Bruyère Health staff/students/volunteers  Please indicate the clinical units/departments recruitment will take place on: | Recruitment Activities at Bruyère Health:  N/A  Self-referral (putting up a poster)  For the following, please also complete the **Impact Form**:  Direct recruitment (approaching patients, residents,  tenants, family members, staff, students or  volunteers)  Sharing contact information for potential participants  (Please contact the REB office for guidance on  permission to contact procedures) |
| Do you require Bruyère Health Research Institute or hospital resources to conduct this study?  No  Yes  If yes, please indicate what resources will be required: | |
| **Departmental/Clinical Unit Approval** *(For studies that require the Impact Form, the departmental/unit signature is not required here)*  For studies recruiting Bruyère Health inpatients/outpatients, residents, tenants, family members, staff, students, and volunteers, approval from the applicable Bruyère Health department or clinical unit is required prior to the commencement of any recruitment activities. For the purposes of this form, recruitment activities include self-referral only (putting up a poster). For studies that involve direct recruitment (approaching patients, family members, etc.), or sharing contact information for recruitment purposes, the **Impact Form** must be completed.  **I have reviewed this research proposal and by signing below, I certify that:**   1. The study resources (budget, space and support staff) and/or the resources of my division, department or program are adequate to support the study.   Yes  No  Not Applicable   1. There is an adequate number of research participants for enrolment for this study.   Yes  No  Not Applicable   1. This population is not being excessively recruited for research.   Yes  No  Not Applicable | |
| **Name:**  **Title/Position:**  **Dept/Unit & Location:**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** | |
| **Principal Investigator or Bruyère Site Investigator/Collaborator Signature:**  **Name:**  **Title/Position:**  **Dept/Unit & Location:**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** | |

**Please visit the REB website for more information, forms and templates:**

[**https://www.bruyere.org/en/researchethicsboard**](https://www.bruyere.org/en/researchethicsboard)