**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.
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. Not all sections of this form will apply; please fill out the applicable sections only.

**For studies that are recruiting at Bruyère Health sites (patients, family members, staff, students, volunteers, etc.) this form must be signed by the applicable Departmental/Unit Manager.** Please include the study protocol in your submission to the applicable Departmental/Unit Manager.

**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***

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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/volunteersPlease indicate the clinical units/departments recruitment will take place on: | Recruitment Activities at Bruyère Health:[ ]  N/A[ ]  Self-referral (putting up a poster)[ ]  Direct recruitment (approaching patients, family  members, staff, students or volunteers)[ ]  Sharing contact information for potential participants  (please contact the REB office for guidance on consent  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 recruiting Bruyère Health inpatients/outpatients, residents, family members, staff, students, etc., approval from the applicable Bruyère Health department or clinical unit is required prior to the commencement of any recruitment activities. Recruitment activities include, but are not limited to, self-referral (putting up a poster), sharing contact information for recruitment purposes, or direct recruitment (approaching patients, family members, etc.).**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 Applicable1. There is an adequate number of research participants suitable to be approached for enrolment for this study.

[ ]  Yes [ ]  No [ ]  Not Applicable1. 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)