|  |  |
| --- | --- |
| Reviewer Name: |  |
| College REB: |  |
| Date Reviewed: |  |
|[ ]  **Recommended for Approval –** ready for submission to participating colleges |
|[ ]  **Pending –** changes and resubmission required (refer to Comments below) |
|[ ]  **Not Recommended –** complete revision required |
|[ ]  **More than Minimal Risk –** referred for individual site review |

|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION** |  |  |  |
| **A.1** | **Title of Research Project:** |  |
|  |  |  |  |
| **A.2** | **Name of Principal Investigator:** |  |
|  |  |  |  |
| **A.7** | **Conflict of Interest and Commercialization** |
|  | **Yes** | **No** |  |
| **a)** |[ ] [ ]  Conflict of interest issues are clearly described  |
| **b)** |[ ] [ ]  Commercialization potential is clearly outlined and complete |
|  | N/A |[ ]   |
|  | **Comments:** |
|  |  |  |  |
| **B.8** | **Rationale** |
|  | **Yes** | **No** |  |
|  |[ ] [ ]  The purpose/objectives of the study are clearly described |
|  |[ ] [ ]  Rationale for the study is clearly outlined |
|  | **Comments:** |
|  |  |  |  |
| **B.9** | **Methodology/Procedures** |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Methodology is clearly described |
|  |[ ] [ ]  Data analysis plan is described |
|  | **Comments:** |
|  |  |  |  |
| **B.10** | **Recruitment Procedures** |
|  | **Yes** | **No** |  |
|  |[ ] [ ]  Description of recruitment procedures is complete |
|  |[ ] [ ]  Recruitment materials are included |
|  |[ ] [ ]  Methods of recruitment are appropriate |
|  |[ ] [ ]  Recruitment procedures are not coercive, unduly influential |
|  | **Comments:** |
|  |  |  |  |
| **C.11** | **Possible Risks to Participants** |
|  | **Yes** | **No** |  |
|  |[ ] [ ]  Study does NOT involve a vulnerable group |
|  |[ ] [ ]  If a vulnerable group is identified, are appropriate measures in place? |
|  |[ ] [ ]  Elements of risk are identified if applicable |
|  | [ ]   |[ ]  Physical risk (including any bodily contact or administration of any substance)? |
|  | [ ]   |[ ]  Psychological risks (feeling demeaned, embarrassed worried or upset)? |
|  | [ ]   |[ ]  Social risks (including possible loss of status, privacy and/or reputation)? |
|  | [ ]   |[ ]  Economic risks (including incurring expenses, loss of incentive)? |
|  | [ ]   |[ ]  Academic risks (including loss of bonus marks or course standing)? |
|  | [ ]   |[ ]  Potential access to personal data |
|  | [ ]   |[ ]  N/A[ ]  | Researcher has identified a complete mitigation plan to safeguard participants from identified risks; additional safeguards required: |
|  | [ ]   |[ ]  Included plan for management of adverse effects |
|  | **Comments:** |
|  |  |  |  |
| **C.11** | **Yes** | **No** |  |
|  | [ ]   |[ ]  I agree with the researcher’s categorization of risk. If not, please explain. |
|  | **Comments**:  |
|  |  |  |  |
| **C.12** | **Possible Risks to Researchers** |
|  | **N/A**   |[ ]   |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Description of risks to researchers is complete |
|  |[ ] [ ]  Description of how these risks will be mitigated or addressed is complete |
|  | **Comments:** |
|  |  |  |  |
| **C.13** | **Benefits to Participants** |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Benefits to participants/society are clear |
|  | **Comments:** |
|  |  |  |  |
| **C.14** | **Informed Consent Process and Information Letter** |
|  | **Yes** | **No** |  |
|  |[ ] [ ]  Information on the consent form has 1 to 1 correspondence to application |
|  |[ ] [ ]  Description of informed consent is complete (if no written consent, alternative process is adequate |
|  |[ ] [ ]  The participant’s role is completely and clearly outlined |
|  |[ ] [ ]  Researcher name and funder (if applicable) information provided. Declaration of any conflict of interest |
|  |[ ] [ ]  Risks and benefits outlined |
|  |[ ] [ ]  Compensation described, if appropriate |
|  |[ ] [ ]  Voluntary participation explained, including option to withdraw |
|  |[ ] [ ]  Process for handling consent (if not capable) is adequate |
|  |[ ] [ ]  Process for handling withdrawal is adequate |
|  |[ ] [ ]  Process for ensuring data confidentiality/data security is explained |
|  |[ ] [ ]  Contact information for an REB Chair is provided |
|  | **Comments:** |
|  |  |  |  |
| **C.14. l)** | **Deception (if applicable)** |
|  | **N/A**   |[ ]   |
|  | **Yes** | **No** |  |
|  |[ ] [ ]  The justification provided for use of deception is acceptable |
|  | [ ]   |[ ]  Debriefing plans are clear and appropriate |
|  | **Comments:** |
|  |  |  |  |
| **C.15** | **Collection and Protection of Personal Information** |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Description on application of how participants’ identity will be protected |
|  | [ ]   |[ ]  Participants cannot be identified through the information gathered |
|  | [ ]   |[ ]  Type of data identified is appropriate for research objective(s) |
|  | [ ]   |[ ]  Rationale for need for identifying data complete |
|  | [ ]   |[ ]  Plan to ensure confidentiality of data is adequate |
|  | **Comments:** |
|  |  |  |  |
| **C.16** | **Storage of Information** |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Plan is appropriate |
|  | **Comments:** |
|  |  |  |  |
| **C.17** | **Transmission of Data** |
|  | **N/A**   |[ ]  No transmission of data is identified in the application |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Plan to ensure security and encryption of data is adequate |
|  | [ ]   |[ ]  Plan to ensure transmission/movement of data is adequate |
|  | **Comments:** |
|  |  |  |  |
| **C.20** | **Compensation** |
|  | **N/A**   |[ ]   |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Relative to commitment and effort, level of remuneration is appropriate |
|  | [ ]   |[ ]  Amount of type of remuneration is not coercive |
|  | [ ]   |[ ]  Plan for payment of compensation if withdrawal is adequate |
|  | **Comments:** |
|  |  |  |  |
| **C.21** | **Participant Feedback** |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Plan for feedback to participants is adequate |
|  | **Comments:** |
|  |  |  |  |
| **C.22** | **Annual Review and Adverse Events** |
|  | **Yes** | **No** |  |
|  | [ ]   |[ ]  Additional monitoring; review required |
|  | [ ]   |[ ]  Potential for adverse events exists. (Use "Comments" below) |
|  | [ ]   |[ ]  Need for continuing consent required (Use "Comments" below) |
|  | [ ]   |[ ]  Minor flaws in research design (Use "Comments" below) |
|  | [ ]   |[ ]  Major flaws in research design; ethical implications (Use "Comments" below) |
|  | **Comments:** |

This checklist has been adapted from the University of Waterloo with their permission and adapted for the multi-site form used in partnership with the Ontario Community College’s Heads of Applied Research – Subcommittee of Research Ethics.