

BANNATYNE CAMPUS RESEARCH ETHICS BOARD

SUBMISSION FORM for RETROSPECTIVE CHART OR RECORDS REVIEW

(Including Application Instructions and Application Review and Notification)

This form must **only** be used to submit a request for ethical approval to conduct a retrospective chart/record(s) or retrospective database review where there is no intent of contacting individuals. Please complete the full Bannatyne Campus Research Ethics Board Submission Form for all other studies.

An Example Submission Prepared at MCHP Focusing on Fields Relevant for Projects Using the Population Health Research Data Repository

Annotations and Examples Highlighted in Yellow Recommended Responses in Blue

Application Instructions:

Members of the Faculties of Medicine, Dentistry, and Pharmacy, the affiliated teaching hospitals, their associated research foundations, School of Medical Rehabilitation and Winnipeg Regional Health Authority Researchers (WRHA) may submit their protocols to the applicable Bannatyne Campus Research Ethics Board (REB).

- To qualify as a WRHA Researcher you must be a researcher who is (i) employed by the WRHA or have a written contract for services with the WRHA; or (ii) have privileges under the WRHA's Medical Staff By-Law. If you are requesting review as a WRHA Researcher, your study must be carried out at facilities owned by or operated by the WRHA or under the direction of the WRHA.

Submit **two copies**:

- of this submission form
- a data capture sheet, **<not required; see Q. 20 on data fields.>**
- supporting documentation (e.g. a protocol if applicable). **NOTE:** A protocol is not required if this submission form is completed in full.
- CV template (required with first ethics submission by the Principal Investigator for the calendar year)

COMPLETE ALL SECTIONS OF THE FORM AS REQUIRED. DO NOT REFERENCE PAGES IN ATTACHED DOCUMENTS (e.g. do not indicate - See protocol). INCOMPLETE SUBMISSIONS WILL BE RETURNED to the applicant for completion.

Use no smaller than 10 point font; handwritten submissions are not acceptable.

Deliver completed submission to the *Health Research Ethics Board* by the monthly full board **submission deadline date for new studies** (DO NOT FAX or EMAIL). The submission deadline for all new studies, including those that qualify for expedited/delegated review, and those that require full Board review is the same date. (Please see web site for specific deadline dates.)

The form is locked which will allow you to tab to each question. To conduct a spell check you must first unprotect the document. Go to "**Tools**" on the Tool Bar and in the drop down menu select "**Unprotect Document**", no password is required. If working with Word 2007, go to "**Review**" tab, then click the "**Protect Document**" pane, click on "**Restrict Formatting and Editing**" and then click on "**Stop Protection**". No password is required.

DO NOT DELETE QUESTIONS OR THE SUBMISSION WILL BE RETURNED to the applicant.

Application Review and Notification:

Forms are date stamped upon receipt in the Research Ethics Board Office (REB).

Forms submitted after the submission deadline date for the full Board meeting may be deferred to the next month. Applications requesting and qualifying for delegated/expedited review typically reviewed by the Health Research Ethics Board (HREB) Chair.

The HREB Chair may refer the application to the full Board or to another University of Manitoba Research Ethics Board (REB) member or REB. In this case you will be contacted to provide additional or revised copies of the application.

Certificates of approval or letters of conditional approval will be sent to the local Principal Investigator (or designate) within approximately 5-7 business days following the full Board meeting date (provided the submission

deadline is met). If you have not received a response within the period stated above please contact our office at 789-3255.

**BANNATYNE CAMPUS RESEARCH ETHICS BOARD
SUBMISSION FORM for RETROSPECTIVE CHART OR RECORDS REVIEW**

Date:	
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LIST DOCUMENTS INCLUDED WITH SUBMISSION:

Document Name	Version Date	# of copies
Submission Form for Retrospective Chart or Records Review – Required (Please see website to download form.)		2 copies
Data Capture Sheet - Required		2 copies
Bannatyne Campus CV Template -1 copy Required - if first time submitting in the present calendar year (Please see website to download form.)		1 copy
		2 copies
		2 copies
		2 copies

EXAMPLE

PART A:

TYPE OF STUDY:

1.0 Indicate which of the following best describes the type of investigation proposed:

- Retrospective Chart Review **Retrospective Database Review <usually>**

This form must only be used to submit a request for ethical approval to conduct a retrospective chart/record(s) or retrospective database review where there is no intent of contacting individuals. Please complete the full Bannatyne Campus Research Ethics Board Submission Form for all other studies or your submission will not be processed and will be returned to the submitter.

PART B:

PROJECT REGISTRATION:

2.0 **Title of Research Study:**

<The title should be the same as the title for the HIPC submission.>

3.0 **Is this proposal closely linked to any other proposal previously/simultaneously submitted to either the Biomedical Research Ethics Board (BREB) or Health Research Ethics Board (HREB)?**

- Yes No

If **yes**, describe the relationship of this proposal to the primary study and provide the REB file #:

4.0 **Principal Investigator:**

The Principal Investigator must be:

- an employee or student of the University of Manitoba; or
- have an academic appointment or affiliation with the University of Manitoba; or
- a researcher affiliated with the WRHA (see definition below).

University of Manitoba Employee or student ID number:

Name and Title(s):

Department/Program:

- Faculty of Medicine Faculty of Dentistry Faculty of Pharmacy
 School of Medical Rehabilitation

OR,

WRHA Researcher *(To qualify as a WRHA Researcher you must be a researcher who is (i) employed by the WRHA or have a written contract for services with the WRHA; or (ii) have privileges under the WRHA's Medical Staff By-Law. If you are requesting review as a WRHA Researcher, your study must be carried out at facilities owned by or operated by the WRHA or under the direction of the WRHA.)*

Institution:

Mailing Address:

Phone: Fax: E-Mail Address:

5.0 **Is this the Principal Investigator's first time submitting to the Research Ethics Board during the present calendar year?** Yes No

If yes, please summarize your credentials/experience relevant to this project in the University of Manitoba Bannatyne Campus CV template (maximum two page document) provided on the website and include one copy with this submission. Do not submit your full CV unless requested by the Board.

6.0 Is the Principal Investigator a student? Yes No

If yes, name of supervisor:

Department/Program:

- Faculty of Medicine Faculty of Dentistry Faculty of Pharmacy
 School of Medical Rehabilitation OR, WRHA Researcher (defined in question # 8.0)

Institution:

Mailing address (if different from the Principal Investigator):

Phone: _____ Fax: _____ E-Mail Address: _____
 Purpose of Study: Course Work Thesis Dissertation

7.0 Name of Study Coordinator (if applicable):

Name: _____ Institution: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail Address: _____

8.0 REB correspondence to be directed to (Note: correspondence will be forwarded to one contact only):

- Principal Investigator or Study Coordinator

INSTITUTIONAL APPROVAL:

Prior to commencing any research related activity, approval of the custodian of records and/or institutional approval are required. It is the Principal Investigator's responsibility to contact the site to inquire as to the procedures required to obtain approval at the institutional level. Please provide evidence of this approval for our file. This approval can be submitted following final Research Ethics Board approval.

9.0 Indicate location(s) where the study will be conducted and the custodian(s) of any records accessed:

- University of Manitoba Specify: _____
 Winnipeg Regional Health Authority HSC SBGH Concordia Victoria
 SOGH Miscercordia GGH
 Deer Lodge Centre
 Other –specify: _____
 Cancer Care Manitoba (CCMB) Specify: _____
 Community
 Manitoba Health
 Manitoba Centre for Health Policy
 School Division/School Specify: _____
 Manitoba Diagnostic Services
 Other Specify: _____

10.0 Has your research proposal/protocol been submitted for approval to the custodian of records and/or the Research Department of the institution where you intend to conduct the research?

- Yes Date submitted or anticipated date: _____ <An MCHP project feasibility form must be completed>
 No

If no, indicate the rationale for not requesting institutional approval.

FUNDING SOURCE/SPONSOR AND BUDGET:

11.1 Funding Source(Name of sponsor/funding agency/industry partner – state full name and address):

14.0 Provide background information and/or literature supporting the potential benefits to follow from the proposed review.

PARTICIPANT POPULATION:

15.0 Specify the population being studied, including the ages and conditions of the subjects, etc.

Manitoba population

15.1 Will the research hypothesis be concerned with whether or not a participant is Aboriginal (Inuit, Métis and members of First Nations)? Yes No

15.2 Will the analysis of the research results use Aboriginal community membership as a variable? Yes No

15.3 Will the interpretation of the research results refer to Aboriginal people, language, history or culture? Yes No

If yes to any of the above (15.1-15.3), please outline any process to be followed respecting the consultation with the appropriate community in the design and conduct of the study.

SAMPLE SIZE:

16.0 Provide an approximation of the number of charts/records that you expect to review:
 e.g., We will look at all available health, social assistance, and education records for the Manitoba population of approximately 1.2 million people from 2001 to the current year.

RECRUITMENT:

17.0 Indicate how the charts/records to be reviewed are to be obtained?

e.g., This study involves an analysis of already collected administrative data from the Population Health Research Data Repository held by MCHP; therefore, no recruitment or direct contact with individuals is necessary.

e.g., Administrative data to be used are part of the Data Repository as per the data sharing agreements negotiated between the University of Manitoba, Manitoba Health and Healthy Living (MHHL), the Manitoba Department of Family Services and Housing, the Winnipeg Regional Health Authority, and the Ministry of Education, Citizenship, and Youth.

e.g., If new database: <New database> will be transferred to the Data Repository at MCHP, as per approval from <name of data provider> and the data sharing agreement with MHHL.

INFORMED CONSENT PROCESS AND DOCUMENTATION:

18.0 Will consent be obtained from potential participants prior to reviewing the chart(s)/record(s) or database(s)? Yes No

18.1 **If no**, please explain why participant approval to review their charts/records is impractical, impossible, and/or would adversely affect the research and proceed to question 19.0?

Consent will not be obtained from study subjects, as permitted under section 24(3)c of the Personal Health Information Act.

18.2 **If yes**, describe the procedures/processes used to obtain informed consent including where, by whom and under what circumstances.

DATA TO BE COLLECTED:

19.0 Identifiability of data reviewed in the study:

De-identified or anonymized data (e.g. larger datasets that have scrambled PHINs or other anonymized identifiers)

Identifiable data (e.g., chart records with names included)

20.0 Provide a copy of the data capture sheet or list the fields that details precisely what specific information/variables will be extracted and collected and from the specific source (s):

Data capture sheet (attached) is mandatory for chart review studies (Submission will be returned to PI and not reviewed if this is not included with the submission)

List of data fields (attached) for large database studies is acceptable <NOTE – see Question IV(a) in the HIPC submission. It is recommended to use general categories or descriptive requirements. If specific fields are listed, the wording may be prefaced with "for example", "including", "such as", or similar phrasing. Otherwise, you may only use the fields you specify, and an HREB Amendment form will need to be submitted for approval; this also applies to descriptions contained in the study protocol and in the HIPC submission>

21.0 If person/identifiable level data is to be used, are you collecting any of the following personal identifiers? Investigators should plan to collect personal data at the lowest level of identifiably necessary to achieve the study objectives. Even a dataset without direct identifiers may present a risk of indirectly identifying data subjects if the database contains extensive information about the individuals concerned. For guidance, consult the "CIHR Best Practice Guidelines for Protecting Privacy and Confidentiality": <the following responses have been used and approved in past submissions>

DIRECT IDENTIFIERS	YES	NO	INDIRECT IDENTIFIERS	YES	NO
Full Name (recommend only initials)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Initials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Address	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date of Birth (day/month/year)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Telephone number	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Age at time of data collection or year of birth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHIN#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Full postal code (recommend using first 3 digits only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e-mail address	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First 3 digits of Postal Code	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Medical Records Number	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Health Care Provider (recommend type of provider, {e.g. family physician, VON} only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Full Face Photograph	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fax number	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER *(Specify below:)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scrambled PHINs or other anonymized identifier (Specify:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (Specify below:)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

21.1 If you are collecting any of the above personal identifiers, justify why each item is required:

e.g., Date of birth and scrambled PHIN will be used to link databases within the Data Repository at MCHP <also mention here if linking to new data>. Date of birth will also be used for calculating age at time of e.g., date of service. Full postal code is required to allow assignment of individuals to their areas of residence in Manitoba. Descriptive analyses will report some information by type of health care provider, such as family physicians and specialist physicians.

22.0 Describe in general terms how the information to be collected relates to the study’s purpose, hypotheses, and study questions. If the information does not relate directly to these, provide explanation why the information is being collected.

23.0 Describe the methodology and data analysis to be used in the chart/record review process.

24.0 Specify the approximate time period during which information from the charts/records will be extracted (e.g. April-May, 2008). From: _____ to _____

25.0 Specify the approximate time range over which the information in the charts/records was collected (e.g. all patients seen between 2000 - 2008).

DATA PRESENTATION/PUBLICATION OF RESULTS OF REVIEW:

26.0 Outline your intentions with respect to how the data will be used with respect to reports, presentations, and/or publication:

- Only aggregate data will be presented
- Individual de-identified/anonymized data will be presented
- Other – Please specify:

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PRIVACY AND CONFIDENTIALITY:

- 27.0 Specify where the charts/records are maintained and where the abstracting of the information from them will occur, paying particular attention to the privacy and security of the work environment in which the information extraction is to occur.

All of the analyses will be conducted within the secure computer environment of the Manitoba Centre for Health Policy (MCHP) located at 408 - 727 McDermot Avenue, Winnipeg, Manitoba R3E 3P5.

- 28.0 Provide a detailed description of the methods that will be used to protect the privacy and confidentiality of individuals whose information is being reviewed. *(Note: Data capture should be done only on paper or electronic forms that are coded and do not contain personal identifying information. All direct identifiers should be segregated/stripped from clinical data; a unique study identifier (i.e. a randomly generated or meaningless ID number) should be assigned to each patient/participant record; the Master list linking the ID with identifiable material should be stored in a separate compute file and /or physical location; and the Master list should be locked and password protected).*

MCHP operates according to rigorous standards regarding security, privacy, and confidentiality of data files contained in the Population Health Research Data Repository. Physical measures include restricted, alarm-protected, access to the facility. Electronic measures include multiple levels of passwords, electronic firewalls, encryption of transmitted information, and other security measures.

Repository data is in the form of de-identified computer files, securely stored at the University of Manitoba, and accessed via the MCHP Unix system at the Bannatyne Campus. Privacy of information is protected through a number of measures, most notably that no files at MCHP contain names or addresses, and that identifiers (e.g., Personal Health Information Number (PHIN) and Registration Number) are changed by MHHL to be not recognizable.

Access to, and use of, the data are carefully controlled and monitored on an ongoing basis. All MCHP staff sign a Confidential Information Agreement and comply with terms related to the use and dissemination of information derived from the data repository. Analyses involving 5 or fewer events or persons are suppressed. Publications generated from database analyses are reviewed by Manitoba Health and Healthy Living prior to release and are compliant with legislative requirements.

Security measures to protect the privacy and confidentiality of individuals are described in MCHP policies and procedures documents (available upon request), and are based on the Data Sharing Agreement in place between Manitoba Health and Healthy Living and the University of Manitoba.

29.0 Indicate the steps to be taken to ensure security of data with direct or indirect personal identifiers.

Please check all that apply.

NOTE: If direct identifiers must be retained they should be isolated on a separate dedicated server/network without external access (i.e. research databases with participant information should not be housed on portable devices such as laptops or flashcards).

PROCEDURAL MEASURES	Yes	No
Data access to the segregated /identified data will be limited to a "need to know" basis	X	<input type="checkbox"/>
There will be an audit trail (i.e. who accessed the data and when) of access to electronic records (<i>An audit trail is required if direct identifiers are maintained in electronic form– NOTE: Word, Excel and Access programs do not have audit trail capability</i>)	X	<input type="checkbox"/>
PHYSICAL	<input type="checkbox"/>	<input type="checkbox"/>
Completed data abstraction forms will be stored in locked filing cabinets in secure location – Specify: no abstraction will occur	<input type="checkbox"/>	<input type="checkbox"/>
Computer will be housed in a locked secure location – Specify: All analyses will be conducted within MCHP on a secure UNIX server. Linkages of files by scrambled PHIN are conducted for the specific analyses only; no permanent datasets are retained beyond the study period, or transmitted outside MCHP offices.	X	<input type="checkbox"/>
Data file backup will be stored in a separate, locked location – Specify: As above.	X	<input type="checkbox"/>
Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL	<input type="checkbox"/>	<input type="checkbox"/>
Data will be stored on a computer which is password protected	X	<input type="checkbox"/>
Data will be stored in a computer file which is password protected	X	<input type="checkbox"/>
Frequent backups of data will occur	X	<input type="checkbox"/>
Data will be stored on a computer systems with virus protection	X	<input type="checkbox"/>
Data will be stored on computer systems with uninterrupted power source	X	<input type="checkbox"/>

30.0 Will individual level data be sent outside of the institution where it was collected and/or will you be receiving individual level data from other sites (for example, in the case of a multi-site study where you are the coordinating site receiving data)? Yes No

(If no, go to question 31.0)

If yes, explain why is it necessary to send/receive data outside of the institution where it was collected.

30.1 How will data be transmitted?

Transmission of data via:	Sent?	Rec'd"?
Fax – Security of the receptor site MUST be described:	<input type="checkbox"/>	<input type="checkbox"/>
E-mail (Encryption protocol MUST be attached)	<input type="checkbox"/>	<input type="checkbox"/>
Private Courier (Must be able to trace delivery)	<input type="checkbox"/>	<input type="checkbox"/>
Canada Post Expresspost or Priority Courier (Regular mail may <u>NOT</u> be used)	<input type="checkbox"/>	<input type="checkbox"/>
Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>

30.2 Where will data be sent?

30.3 Specify the names and affiliations of persons or commercial companies outside your study team (e.g. technical service providers, other researchers) who will have access to the data. Also specify the level of identifiability or the data they will have access to (e.g. personal, identifiable, anonymized, etc.) *Data sent or received by the institution may require that the parties enter into an information/data transfer agreement before the data transfer takes place.*

31.0 Specify how long study data including personal data will be retained and the procedures for securing/storing records.

All study associated data and programming code will be archived at the time of study completion and removed from MCHP's analysis system. Study completion is identified by the principal investigator or by the submission of a final REB notification of study completion. Consistent with University of Manitoba protocols, archives will be maintained at MCHP for a period of at least seven (7) years and no more than ten (10) years after completion to allow time for questions and clarifications of publications and then all study associated data will be destroyed. The programming code may be retained indefinitely.

32.0 Specify whether and when the data will be destroyed or irreversibly anonymized (i.e. the key identifying the link between data and the individual identity is deleted). Describe the procedures used to destroy or anonymize study data.

Data used at MCHP are de-identified at the source. MHL datasets created for the purposes of this study will be deleted after completion of analysis for the report and scholarly articles. Source data are maintained in the Population Health Research Data Repository.

33.0 Identify all individuals by name, staff affiliation and their precise role in the project who will have access to the master list with personal identifying and the data capture information and how access to this information is secured and monitored.

None of the team members will have access to the 'master list'; only de-identified data are sent to MCHP.

The Personal Health Information Act (PHIA) requires that all employees, students, or agents who handle or are exposed to personal health information take PHIA Orientation and sign a pledge of confidentiality that acknowledges that they are bound by written policy and procedures.

34.0 Has PHIA Orientation and pledge-signing been completed by all employees, students and agents who will handle or be exposed to personal health information?

Yes No

If "No," the **Principal Investigator** should contact the University Access & Coordinator's Office to make arrangements. fippa@umanitoba.ca

Where individuals have not completed PHIA Orientation and signed a pledge, and for the purpose of ensuring that they do, Principal Investigators' contact information will be provided to the University Access & Privacy Coordinator's Office.

35.0 Will an electronic database be created in the process of the review? Yes No

If **yes**, indicate whether the database will be used only for the purpose of data analysis and outline any intention to maintain the data for a period of time beyond the data analysis phase of the review.

If new data are being used: Although we are not creating a new database, a de-identified copy will be transferred to MCHP to become part of the Repository which is housed in a secure server at MCHP.

If no new data are being used: Although we are not creating a new database, copies of de-identified data have been transferred to MCHP to become part of the Repository which is housed in a secure server at MCHP.

35.1 If **yes** to question 35.0, explain how this database is compliant with the Personal Health Information Act of Manitoba (PHIA). Information with respect to compliancy can be found on the Bannatyne Campus Research Ethics Board website - "Requirement of PHIA compliancy for Databases".

POTENTIAL CONFLICT OF INTEREST:

36.0 Do any of the study personnel or immediate family members have any affiliation with, or financial involvement in any organization or entity with a direct or indirect interest in the participant matter or materials of this research? Yes No

If yes, please describe:

SIGNATURES:

Signature of Principal Investigator attesting that:

- a) all investigators/co-investigators have reviewed the research as outlined in this application and are in agreement with the application submitted;
- b) all investigator/co-investigators have read the Tri-Council Policy Statement and the University of Manitoba Policy 1406 and agree to abide by the guidelines therein;
- c) I and all study personnel will adhere to the **application** as approved by a Bannatyne Campus Research Ethics Boards (REB);
- d) I and all study personnel have signed a pledge of confidentiality with the institution(s) from which we are collecting data**
- e) information will not be used for any purpose other than for the project for which it was provided. The information will be shared only with those individuals listed on this form except for authorized oversight of the study;**
- f) information will be kept in a location that is physically secure and to which access is given only to the individuals(s) listed on this form**
- g) all direct identifiers will be segregated/stripped from clinical data; a unique study identifier (i.e. a randomly generated or meaningless ID number) will be assigned to each patient/participant record; the Master list linking the ID with identifiable material will be stored in a separate compute file and /or physical location; and the Master list will be locked and password protected:**
- h) as the principal investigator I will be responsible for notifying the REB of any changes made to the application as per Bannatyne Campus REB guidelines;
- i) the study will not commence until I have received the final certificate of approval from the REB;
- j) the study will not commence until the appropriate institutional approval (i.e. local hospital approval or local ethics approval) has been obtained;
- k) I will submit a request for annual approval to the REB prior to the expiry date indicated on the approval certificate;
- l) I will submit a final study status report to the REB when all study activity is completed at the local site;
- m) if I am a University researcher, I hereby consent that the REB may provide written notice of their approval of this protocol to the institution in which the research will be conducted;
- n) if I am a WRHA Researcher, I hereby consent that the REB may provide written notice of their review of this protocol to the WRHA and any WRHA facility in which the study will be conducted. The written notice may include my name, whether the protocol was approved or rejected, the reasons for any rejection and any conditions placed on approval.
- o) I understand that the \$2,500 fee assessed for REB review on applicable protocols (for profit private funder) is NOT dependent on approval and must be paid in a timely manner. The review fee applies even if the submission is withdrawn or not approved by the Research Ethics Board. I have made the sponsor aware of this policy.**

Printed Name of Principal Investigator: _____

Signature of Principal Investigator: _____

Date: _____

If you are having difficulties obtaining the department head signature prior to the submission deadline, please provide explanation in a cover letter to the board indicating when these signatures will be obtained. The department head signature is required prior to releasing the certificate of final approval.

For Student Projects:

Printed Name of Supervisor: _____

Signature of Supervisor: _____

Date: _____

For All Projects:

Signature of Department Head or Delegate attesting that:

I have reviewed this research protocol and confirm that there is sufficient scientific merit to warrant this submission.

Printed Name of Department Head or Delegate: _____

Signature of Department Head or Delegate: _____

Date: _____

Want to conduct a spell check?

The form is locked which enables you to tab to each question and check box with ease. To conduct a spell check you must first unprotect the document. After you have completed answering all questions, go to "Tools" on the tool bar and in the drop down menu select "Unprotect Document". No password is required. If working with Word 2007, go to "Review" tab, click on "Protect Document", click on "Restrict Formatting and Editing" and then click on "Stop Protection". No password is required.

DO NOT DELETE QUESTIONS on this form or THE SUBMISSION WILL BE RETURNED to the applicant.