



Name of Principal Investigator

Department

Email

Phone

Building room number(s) or off-campus research site or field station location:

Will this research have direct contact with Indigenous communities? ☐ Yes / ☐ No *(if the answer is “yes”, please include a letter from the community confirming/affirming support of the continuation of research.*

Will this research involve international travel (i.e., travel outside Canada) ☐ Yes / ☐ No

If the answer is “yes” please describe who is traveling, where they are traveling to/from, and for how long.

Name(s) of graduate student(s), postdoc(s), research associate(s), and research technician(s) involved:

Describe 1) why this research is essential at this time; 2) why it cannot be done in a remote contactless manner; 3) what would be the impact of delay [max 400 words]

Outline in detail your plan for ensuring employee(s) safety. How will the employee get to the lab/field work/research location? What are the procedures for decontaminating the lab after use by a given employee? What is the plan if this (first) employee becomes ill and cannot continue the work? What is the plan if that (first) alternate employee becomes ill and cannot continue the work? [maximum 400 words]

## **Approvals**

Principal Investigator

Department Head

ADR or Dean

Chair, COVID-19 Research Recovery  
Team

After completing the form, save and send to the next person for approval, who will add their signature and save, and so on. Final approver email to: [crsc.research@umanitoba.ca](mailto:crsc.research@umanitoba.ca)

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