



Enter N/A on required fields if not applicable

Name of Principal Investigator(s) [first last] :							
Department:				Faculty:			
Email address:				Phone:			
Will this research have direct contact with Indigenous communities? <input type="checkbox"/> Yes / <input type="checkbox"/> 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) <input type="checkbox"/> Yes / <input type="checkbox"/> No If the answer is "yes" please describe who is traveling, where they are traveling to/from, and for how long.							
Ethics Protocol Title:							
Ethics Protocol # :				If ethics has not yet been submitted, which REB office are you applying to? <input type="checkbox"/> Fort Garry <input type="checkbox"/> Bannatyne			
Does your informed consent form already explain the potential risk of COVID-19 with the wording provided by the REB? <input type="checkbox"/> Yes / <input type="checkbox"/> No If the answer is "no", an amendment to the REB is required.							
Date of activity:							
Is the research site located at a U of M building? <input type="checkbox"/> Yes / <input type="checkbox"/> No (if the answer is no, please include a letter from the external organization confirming/affirming support of the research in their location)							
If not located at a U of M Building, Off-campus research site:							
Number of human participants involved:							
Name(s) of all graduate student(s), postdoc(s), research associate(s), and research technician(s) involved:							
Name [first last]				Status			
Name [first last]				Status			
Name [first last]				Status			
Name [first last]				Status			
Name [first last]				Status			
Please complete if research site is located at a U of M building only:							
Building				Room Number			
(Please indicate the total number of research personnel and human participants you will have in this room for each day and time slot)							
Days on Campus:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
>4:30 PM							

Building _____ Room Number _____

(Please indicate the total number of research personnel and human participants you will have in this room for each day and time slot)

Days on Campus:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
>4:30 PM							

Describe the nature and duration of the activity [max. 200 words]

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. 200 words]

Outline: i) the risks to the participants, research personnel, and community, ii) the nature and duration of the contact with human participants, and iii) the steps that will be taken to mitigate the risks (e.g., your plans for physical distancing, masking, sanitizing work spaces etc). [max. 400 words]

Approvals:

Principal Investigator

Department Head

ADR or Dean

Chair, COVID-19 Research Recovery Team

Note: When the department head, and ADR or Dean have signed, the form should be submitted to crsc.research@umanitoba.ca by Friday at 4:30pm. Otherwise, the request will be reviewed by CRRT at the next meeting. Processing time may take 1-2 weeks from receipt of the completed form.