

## University Manitoba Request to Undertake Research Involving Human Participants at On- or Off-Campus Research Sites

Enter N/A on requi	red fields if not a	pplicable							
Name of Principa									
Department:					Faculty:				
Email address:					Phone:				
Will this research include a letter fr								, please	
Will this research		,			· —		d for how long.		
Ethics Protocol T	ïtle:								
Ethics Protocol #	:				thics has not ye applying to?	et been submitt	ted, which REB y Banna		
Does your inform		m already expla s "no", an amer	•				ording provided	by the REB?	
Date of activity:									
Is the research s external organiza							ise include a let	ter from the	
If not located at a	a U of M Buildir	ng, Off-campus	research s	site:					
Number of huma	n participants i	nvolved:							
Name(s) of all gr	aduate student	(s), postdoc(s),	research	asso	ciate(s), and re	search technic	cian(s) involved:		
Name [first last]		<u> </u>			Status				
Name [first last]				5	Status				
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Name [first last] Status									
Please complete	if research site	is located at a	U of M bu	ildin	g only:				
Building					Room Nur	mber			
(Please indicate the	total number of r	esearch personne	l and human	parti	cipants you will h	ave in this room f	or each day and ti	me slot)	
Days on Campus:	Monday	Tuesday	Wedneso	lay	Thursday	Friday	Saturday	Sunday	
AM									
PM									
>4:30 PM									

Note: When the department head, and ADR or Dean have signed, the form should be submitted to <a href="mailto:crsc.research@umanitoba.ca">crsc.research@umanitoba.ca</a> .	Building		Room Number								
Describe the nature and duration of the activity [max. 200 words]  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:  Approvals:  Department Head  Department Head  Department Head  Note: When the department head, and ADR or Dean have signed, the form should be submitted to raz-incressful summations co. by Fishay at 4.50pm. Other whole, the request will be reviewed by KRT at the next meeting. Processing turn empt table 1.2 meeting.	(Please indicate the t	otal number of r	esearch personne	el and human partio	ipants you will ha	ve in this room f	or each day and tir	ne slot)			
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weeks from receipt of the completed form	Approvals:  Principal Investigator			Department Hea	d	or Dean have submitted to by Friday at 4 will be reviev	e signed, the form some scrsc.research@um ::30pm. Otherwise, ved by CRRT at the	hould be anitoba.ca. the request next			
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