



Enter N/A on required fields if not applicable

Name of Principal Investigator(s) [first last]:

Department:

Faculty:

Email address:

Phone:

Has ethics approval been received? Yes / No

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

Name [first last]	Status

Date of activity:

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

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 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? [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.