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| RESEARCH PROJECT INFORMATION | | | |
| Research file #: | Title of research project: | | |
| Name and contact information of principal investigator: | | Tel: Email: | |
| Name and contact information of site investigator:  does not apply | | Tel: Email: | |
| **Name and contact information of research coordinator or project assistant:**  does not apply | | Tel: Email: | |
| JUSTIFICATION FOR NOT REQUIRING ETHICS REVIEW | | | |
| Please select the category describing why your study does not require REB review according to the TCPS 2: ☐ **Article 2.2** the research relies exclusively on information that is:   1. publicly available through a mechanism set out by legislation or regulation and that is protected by law; or 2. in the public domain and the individuals to whom the information refers have no reasonable expectation of privacy.   **Explain your choice:** ☐ Article 2.3 the research is involving the observation of people in public places where:it does not involve any intervention staged by the researcher, or direct interaction with the individuals or groups,  1. individuals or groups targeted for observation have no reasonable expectation of privacy; and 2. any dissemination of research results does not allow identification of specific individuals.   **Explain your choice:**  ☐ **Article 2.4** the research relies exclusively on secondary use of anonymous information, or anonymous human biological materials, so long as the process and that data sets gathered and analyzed or when published/disseminated will create a risk of identifying participants.  NOTE: it applies only to the secondary use of data or human biological material for which no identifier has ever been associated. This data has never been coded or anonymized.  **Explain your choice:**  ☐ **Article 2.5** refers to activities related with quality assurance and quality improvement studies, program evaluation activities, and performance reviews, or testing within normal educational requirements when used exclusively for assessment, management, or improvement purposes.  **Explain your choice:**  ☐ **Article 2.6** Creative activities and its processes do not require REB review. However, research that employs creative practice to obtain responses from participants that will be analyzed to answer a research question is subject to REB review.  **Explain your choice:** | | | |
| Study summary/ Abstract (approximately 200 words). | | | |
| 1. The only record linking the participant and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality.  Yes  No | | | |
| 1. The research presents no more than a minimal risk of harm to participants and involves no procedures for which written consent is normally required outside the research context. *(e.g., drawing a blood sample, or asking shoppers in a mall about the ambient lighting or temperature).*   Yes  No | | | |
| 1. Please submit:  * **The study protocol** * **The** [**A pRoject Ethics Community Consensus Initiative**](https://savoirmontfort.ca/en/research-2/research-ethics/politiques-et-procedures/projet-de-recherche-vs-projet-devaluation-de-qualite/) **(ARECCI)  :** [**ARECCI Screening tool**](https://arecci.albertainnovates.ca/)   ***Any changes to the project will need to be reviewed by the REB to determine if the change requires ethics review and approval.*** | | | |
| INFORMATION PROVIDED TO PARTICIPANTS | | | |
| 1. Please submit the information sheet regarding the research provided to participants with this request form. | | | |
| DOCUMENTING THE CONSENT PROCESS | | | |
| 1. Please check below which process will be used to record consent:   ☐ Signed consent form ☐ Video recording ☐ Information Sheet (no signature collected)  ☐ Collecting participant’s signature using the inetrnet ☐ Audio recording ☐ Other(s) - Please specify: | | | |
| **PRINCIPAL INVESTIGATOR’S SIGNATURE** | | | |
| **I hereby certify that the information provided this form was given in** **good faith and is complete and accurate to the best of my knowledge.** | | | |
| **Signature of Principal or Site investigator:** | | | **Date**: **(dd/mm/yyyy)** |
| **Signature of supervisor:** (*if appropriate*) | | | **Date**: **(dd/mm/yyyy)** |
| SUIVI DU BÉR ET DU CÉR | | | |
| Exemption de révision éthique :  Accordée  Refusée | | | |