Research Summary Form

(Version 3.0 20230112)

This form must be completed for all studies that:

1. Require departmental sign-off for a new Bruyère Research Ethics Submission; or
2. Have been previously approved by the Bruyère Research Ethics Board (REB) and are submitting an Amendment that will add a face-to-face component to the study.

Study Contact Name: Date:

E-mail: Phone:

SECTON (1) STUDY GENERAL INFORMATION

1. Primary Research Area: Rehabilitation

2. Full Study Name & Study Acronym:

3. Study Status:

4. REB# (if applicable):

5. Bruyère Research Institute Responsible Site Investigator and all other Principal Investigators and Co-Investigators:

6. Funder and Total Amount of Study Funding:

7. Briefly describe the study's primary objective.

8. Briefly describe the study design.

SECTION (2) COMMUNICATIONS

9a. Do you want the study information posted on www.bruyere.org and InfoNet? (If yes and recruitment is involved, please ensure that this method of recruitment has been included in your REB application)

◯ Yes
◯ No

9b. If yes, provide the study contact name, e-mail and phone number if different from above.

10. Lay Study Summary from the REB Application (~ 250 words)
(This may be used for online recruitment, developing news articles, media, and for internal and external reporting.)

11. What is the impact and benefit of this research? How will findings help improve care and health systems?

12. Study Partners, Funding Partners and any required Acknowledgements:

SECTION (3) PARTICIPANTS AND RECRUITMENT
(if no participants are involved in the study skip to Section 4)

13. The date when recruitment ends (mm/yyyy).

14. List the study recruitment inclusion and exclusion criteria.

15. If applicable, how will this study impact the future care of patients, residents and families at Bruyère?

16. Where will the research study occur (e.g. EBH - Palliative Care, SVH - 5N etc) ?

17. Who are the participants?

18. How many study participants will be recruited and over what period of time?

19. If this research involves a clinical unit, what are the activities and time commitment required of the participants and how will this fit into the unit workflow?

20a. Are unit staff being asked to help with the study ?

- ◯ Yes
- ◯ No
- ◯ N/A

20b. If yes, describe what unit staff are being asked to do, what the time commitment will be, when will this be done (during work hours, after hours) and describe any compensation the clinical unit will receive.

Section (4) CONFLICT OF INTEREST

21a. Does any member of the research team have an actual, perceived, or potential conflict of interest to declare related to this study?

- ◯ Yes
- ◯ No

21b. If yes, state the name and role of the individual(s) with a conflict of interest, describe the conflict, and describe how it is/will be managed/mitigated.

SECTION (**5**) COVID APPROVAL

22a. Does the research study follow the latest version of the Procedure Manual on Conducting Face-to-Face Participant Research?

- ◯ Yes
- ◯ No
- ◯ N/A

22b. If no, please briefly explain why.

Specific approval from IPAC & PPE are only required in the case of deviations from the Procedure Manual.

23a. If required, has the research study received IPAC and PPE approval?

- ◯ Yes
- ◯ No
- ◯ N/A

23b. If no, please briefly explain why.

Unit/Department Agreement with study: Departmental Approval is provided via the signing of a Division/ Department/Program Approval (found in the BREB application). This approval is generally predicated on the approval of the clinical unit/department being provided by the unit/program manager or their delegate. By signing below, this individual is agreeing that the study as described above has their support to proceed as described in this Form.

Not Applicable ☐

Name & Title	Date	Signature