

Research Project Summary

(Ver1.0. 20210518)

This form must be completed if a study;

1. Requires departmental sign-off for the Bruyère Research Ethics Submission, or;

2. Has been previously approved by the BREB and is seeking approval to resume research during the COVID-19 Pandemic.

Contact Name

Date

E-mail

Phone

SECTION (1) STUDY INFORMATION

1. Study Title

2. REB#

3. List Bruyère PI, Investigators
& Co-Investigators

4. Study Status

5. Briefly describe the study
design

6. Briefly describe the study's primary objective.

7. Why is this study important and how will it impact the future care of patients at Bruyère.

SECTION (2) PARTICIPANTS

8. Briefly describe the study
main inclusion and exclusion
criteria.

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

10. Who are the
participants?

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

12. What are the activities and time commitments required of the participants and how will this fit into the unit workflow?

13. Are unit staff
being asked to help ?

13a. 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.

Yes

No

N/A

SECTION (3) COVID APPROVAL

14. Has the research project
received IPAC/PPE approval?

14a. If no, please briefly explain why.

Yes

No

15. Does the research project
follow the most current
version of the Procedure
Manual on Conducting Face-
to-face research?

15a. If no, please briefly explain why.

Yes

No

Departmental Sign-off (IMPORTANT: please note that sign-off on this form is only required if the study already has REB approval and is seeking to resume research during the COVID pandemic.)
All new studies must obtain Departmental Sign-off on Section 25 of the Research Ethics Application.

Not Applicable

Name & Title

Date

Signature