Research Study Summary

(Version 2.0 20210812)

This form must be completed for all studies that;

1. Require departmental sign-off for the Bruyère Research Ethics Submission, or;
2. Have been previously approved by the Bruyère Research Ethics Board (REB) and are seeking approval to resume face-to-face research during the COVID-19 Pandemic.

Study Contact Name: Date:

E-mail: Phone:

SECTON (1) STUDY GENERAL INFORMATION

1. Primary Research Area:

2. Full Study Name, Protocol Number and Study Acronym:

3. Study Status:

4. REB# (if applicable):

5. Bruyère Research Institute Responsible Investigator and all other Principle Investigators and 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 (BREB Section 10: 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) COVID APPROVAL

21a. Has the research study received IPAC/PPE approval?

- ◯ Yes
- ◯ No
- ◯ N/A

21b. If no, please briefly explain why.

22a. Does the research study follow the most current version of the Procedure Manual on Conducting Face-to-face Research?

- ◯ Yes
- ◯ No
- ◯ N/A

22b. If no, please briefly explain why.

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