

Application for Research Approval

You can submit your completed approval form electronically to ResearchCommittee@northernhealth.ca.

Please mail or fax the original signature pages (with Researcher, Northern Health Department/Site Manager(s), and Supervisor signatures where appropriate) to:

Northern Health Research Review Committee
600 – 299 Victoria Street
Prince George, BC V2L 5B8
Fax: 250 565-2640

This is an electronic form. To maneuver through the form, use either the tab button or your mouse button (i.e., click to select where you would like to enter text). To fill in a checkbox, use your mouse button.

1. Researcher's Name & Signature

Name:	Title/Position:
Institution/Organization:	
Address:	
Phone Number:	Email:
Signature: _____	

2. Co-Investigator(s)/Researcher(s)

Name: Title/Position: Institution/Organization:	Name: Title/Position: Institution/Organization:
Name: Title/Position: Institution/Organization:	Name: Title/Position: Institution/Organization:
Name: Title/Position: Institution/Organization:	Name: Title/Position: Institution/Organization:

3. Supervisor's Name & Signature (if Researcher is a student)

Name:	Title/Position:
Signature: _____	

4. Title of Project**5. Type of Project**

- Class Project Resident or Intern Research Project
- Thesis
- Faculty Research
- Other (please specify):

6. Source and Amount of Funding (if any)**7. Is this project a replication of, or connected with, an earlier project or protocol that received ethics approval?**

- Yes** Northern Health Research Review Committee (RRC) file #:
If *replication*, please provide the RRC file # above and clarify if there are any changes being made to the previously approved proposal or if the proposals are identical.
If *connected*, (i.e., a sub study or subsequent phase of a previously approved application), provide the RRC file # above.
- No** (Go to Question 8)

8. Purpose of Research**9. Project Dates**

Expected Start Date (in Northern Health):	Expected Completion Date:
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10. Does this project require any physically invasive procedures (e.g. blood tests), potentially harmful physical regimes (e.g. special dieting) or potentially harmful psychological or social experiments (e.g. illusory perception tests)?

- Yes** Please describe:
- No**

11. Summary of Methods: In the text box below give us a brief summary. Sufficient information must be given to assess the degree of risk to participants.

12. Please append a complete copy of the research project proposal, including any interview protocols or questionnaires.

- Attachments:
- Research Project Proposal
 - Interview Protocols
 - Questionnaires

13. How will participants be recruited? In the text box below give us a brief summary.

14. Will participants be competent to give consent?

- Yes** (Go to Question 15)
- No** (e.g. Children and cognitively impaired people.) How will the issue of consent be addressed? In the text box below give us a brief summary.

15. Will participants be compensated?

- Yes** How?
- No** (Go to Question 16)

16. Will consent be obtained from each participant either in writing or recorded?

- Yes** Please attach a copy of the Consent Form or the questions/statements to be recorded. Each participant must receive one copy of the signed consent form at the time of signing.
- No** Please attach information which will be provided to participants and/or participant communities.

Note: A checklist of items to be addressed in your Information Sheet or Consent Form is provided in the Application Guidelines.

17. Does the project involve any deception?

- Yes** Justify the use of deception and indicate how disclosure finally will be addressed.
- No** (Go to Question 18)

18. What is your plan for feedback to participants? How do you propose to distribute results to participants?

19. Will the research participants be from an institutional population; e.g. company, agency, schools, colleges, universities, hospitals, prisons, etc.?

Yes (Go to Question 20)

No (Go to Question 21)

20. If the answer to Question 19 is yes, attach a letter of consent for access from the institution; e.g. company, agency, schools, colleges, universities, hospitals, prisons etc.

Letter(s) of Consent attached

21. Will the research participants be participating as representatives of, or on behalf of, an Aboriginal group?

Yes Attach letter of consent from appropriate authority, e.g. Band Council, etc
The study should respect the principles of *ownership, control, access and possession* (OCAP)? Please refer to:

- Schnarch, B. 2004. Ownership, Control, Access and Possession (OCAP) or self-determination applied to research: A critical analysis of contemporary first nations' research and some options for first nations' communities, J. Aboriginal Health, 80. (<http://www.nswp.org/pdf/SCHNARCH-OCAP.PDF>)
- CIHR Guidelines for Health Research Involving Aboriginal Peoples (<http://www.cihr-irsc.gc.ca/e/29134.html>).

No (Go to Question 22)

22. What are the likely benefits of this project to the participants, to Northern Health, to the researcher, and to society at large?

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23. Research Ethics

Please ensure that you have familiarized yourself with the ***Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans*** (www.pre.ethics.gc.ca).

Has this research project received approval from a Research Ethics Board?

Yes (attach certificate of approval) Pending Not applicable

If pending, please indicate the Research Ethics Board and Expected Review Date:

The researchers, investigators and co-investigators have taken a recognized course in research ethics and/or have completed the online tutorial regarding the *Tri-Council Policy Statement on the Ethical Conduct for Research Involving Humans*.

Yes No Pending

Is there any actual, perceived, or potential conflict of interest regarding any of the research team members participating in or undertaking this research project?

Yes No

If yes, please describe the conflict and how it will be addressed.

24. Dissemination of information through Northern Health

Please check the following boxes to acknowledge:

- Northern Health requests a copy of the final study for our files and/or placement at the Northern Health Library and sponsoring facility use.
At project completion, I will provide a copy of the final report to Northern Health.
- Northern Health maintains a database of research undertaken in the health authority.
I understand that upon approval of my research application by the Northern Health Research Review Committee, the following information will be posted on the Northern Health website and Research Annual Report: project title, names and institutions of Investigators, location of research (sites), name and title of Northern Health operational approval manager(s), and project start and completion dates.

Studies are categorized on the Northern Health website and annual reporting. Please select up to 3 categories that best describe your study. (Refer to Application Guidelines for category descriptions).

- | | | |
|---|---|--|
| <input type="checkbox"/> Acute care | <input type="checkbox"/> Health human resources | <input type="checkbox"/> Patient-oriented research |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Home care | <input type="checkbox"/> Perinatal |
| <input type="checkbox"/> Child & youth | <input type="checkbox"/> Indigenous health | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Chronic disease | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Primary health care |
| <input type="checkbox"/> Critical care (ED, trauma) | <input type="checkbox"/> Medication management | <input type="checkbox"/> Public & population health |
| <input type="checkbox"/> Diagnostics | <input type="checkbox"/> Mental health & addictions | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Dietetics | <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical services |
| <input type="checkbox"/> Elder care | <input type="checkbox"/> Palliative care | |
| <input type="checkbox"/> Other: | | |

Please select the most appropriate health research category. The [Canadian Institute for Health Research Themes](#) provides definitions of each category.

- | | |
|--|---|
| <input type="checkbox"/> Biomedical | <input type="checkbox"/> Clinical |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Social, Cultural, Environmental, and Population Health |

25. Northern Health – Organizational Impact Analysis

Where will the research be carried out (i.e., specific sites, facilities)?

Is on-site space required? Yes No

If yes, has on-site space been secured? Yes No

Is the participation of departmental/site staff a component of this study (e.g., recruiting participants, gathering/mining data and information, participating in surveys/interviews)? Yes No

What is being asked of Northern Health staff in terms of time and resources for the project?

<p>Are participating staff members being compensated for their involvement in the project?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate the type of compensation to be received, how much and for what activity.</p>	
<p>Please identify the specific NH hospital department(s) and community site(s) that will be impacted or participating in this study (e.g. that are being asked to provide research-related services/resources). <i>(Attach additional sheets if necessary)</i></p> <p>Department/Site:</p> <p>Detail the services required from this department/site</p> <p>Person Responsible for Department Authorization</p>	
<p>Name & Title</p> <p>Department/Site:</p> <p>Detail the services required from this department/site</p> <p>Person Responsible for Department Authorization</p>	<p>Signature & Date</p>
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<p>Name & Title</p>	<p>Signature & Date</p>
<p><i>If the project requires secondary data from Health Information Management Services (Health Records), contact: Dee-Ann.Stickel@northernhealth.ca (Regional/multi-site), or Health-Information-Services@northernhealth.ca (single site only)</i></p>	

For assistance in obtaining the name of the appropriate NH Department/Site Manager that should provide Operational Approval of your application, please contact researchcommittee@northernhealth.ca

Additional information or comments