# Human Research Ethics Board - Trinity Western University

# Request for Ethical Review of Human Research

# Request for Analysis of Existing Data

 HREB File No.**:**

**Note**: This form is for new and secondary analysis of existing data sets. If your study involves any new data collection, please complete the “**Request for Ethical Review Form**” instead. Also note, analysis of publicly available information requires no HREB approval.

|  |  |
| --- | --- |
| **Principal Investigator:**        | **Phone:**      -     -       |
| **Department:**        | **Email:**        |
| **Address:**        |

 (Street Address or PO Box, City, Province, Postal Code)

**You are:** [ ]  Faculty [ ]  Staff [ ]  Undergraduate Student [ ]  Graduate Student [ ]  Research Fellow

***If you are a student or research fellow your supervisor is considered to be a co-investigator on your project.***

|  |  |
| --- | --- |
| **Name of Supervisor:**        | **Phone:**      -     -      ext.        |
| **Department:**        | **Email:**        |
| **Address:**        |

 (Campus Office Location)

## A. General Information

### 1. Title of project:

### 2. Have you applied for funding for this project?

**[ ]** Yes**[ ]** No

**List all sources of funding (e.g. granting agencies, internal funding, corporate funding). Give exact titles of all grants.**

### 3. List all other investigators in this project.

**Name:**

**Institutional Affiliation:**

**Email:**

### 4. List all industry partners on this project.

**Name:**

**Institutional Affiliation:**

**Email:**

**(a) Do you have a contract or research agreement with your industry partner(s)?**

[ ] Yes[ ] No

**(b) If yes, have you filed a copy of this contract or research agreement with the Research Office?**

[ ] Yes[ ] No

**(c) If yes, what is the status of this contract? Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### 5. Proposed research expected to be conducted between       and

 (mm/dd/yyyy) (mm/dd/yyyy)

### 6. Data were originally collected between       and

 (mm/dd/yyyy) (mm/dd/yyyy)

## B. Description of data to be used

1. **Ethics approval for original study obtained from:**

[ ]  **Trinity Western University HREB**. Please provide original HREB file number       or attach a copy of the original certificate of approval.

[ ]  **Another institution’s REB**. Please attach (a) a copy of the original application form (including consent letters), and (b) a copy of the letter or certificate from that REB approving the original study.

[ ]  **Data were originally collected for purposes other than research**, so no previous research ethics review has been performed.

**2. Describe the nature of the data-set that will be used (e.g. SPSS data files, confidential patient records, transcripts of qualitative interviews):**

**3. Does the data set contain any identifying information? (Check “yes” if any information in the data set can be linked to individuals in any way.)**

**[ ]** Yes **[ ]** No

**4. If the answer to 3 is “Yes,” please describe:**

**(a) why the identifying information is essential to the research.**

**(b) the measures that will be taken to protect the privacy of the identified individuals (e.g. altering names and identifying information prior to data analysis; limiting access to the data).**

**(c) the context in which the identifying information was obtained (e.g. a previous research study; a confidential professional relationship; a personal relationship).**

**(d) the individuals’ original expectations for how the data would be used, stored, and disclosed (e.g. used for research; used for patient/client care; used for legal purposes).**

**5. Is there any possibility that individuals may be identified in any publications (including theses) that will be generated out of this research?**

**[ ]** Yes **[ ]** No

**6. If the answer to 5 is “Yes,” the individuals who contributed the data must consent to use their data for the new research project. Describe your plans for obtaining their consent. If it is not possible to obtain consent (e.g. the individuals are deceased, geographically dispersed, or difficult to track down), then provide a strategy for informing participants or their representatives of the proposed use of their information.**

**If you plan on using a letter of consent, use the guidelines for research consent forms provided at** [twu.ca/research/research-services/research-ethics/guidelines-informed-consent](https://www.twu.ca/research/research-services/research-ethics/guidelines-informed-consent) **and attach a copy of your letter.**

**7. Does the proposed research involve the merging of data sets?**

**[ ]** Yes **[ ]** No

**8. If the answer to 7 is “Yes,” please describe:**

**(a) who will merge the data sets.**

**(b) your plans for destroying the merged data set at the completion of the study or securely storing the merged data set.**

**9. Does the proposed research involve the use of stored human tissue (including genetic material)?**

**[ ]** Yes **[ ]** No

**10. If the answer to 9 is “Yes,” please specify the nature of the previously collected tissue:**

[ ]  **Identifiable tissue** that can be immediately linked to a specific individual (e.g. by way of an identifying tag or patient number).

[ ]  **Traceable tissue** that is potentially traceable to a specific donor provided there is access to further information, such as a patient record or a database.

[ ]  **Anonymous tissue** that is anonymous due either to the absence of tags and records or the passage of time (e.g. tissue recovered from archaeological sites).

[ ]  **Anonymized tissue**, which is tissue that was originally identified but has been permanently stripped of identifiers.

**For identifiable and traceable tissues, it is necessary to seek to obtain free and informed consent from individuals, or from their authorized third parties, for the use of their previously collected tissue. Describe your plans for obtaining their consent.**

**If you plan on using a letter of consent, use the guidelines for research consent forms provided at** [twu.ca/research/research-services/research-ethics/guidelines-informed-consent](https://www.twu.ca/research/research-services/research-ethics/guidelines-informed-consent) **and attach a copy of your letter.**

**11. Checklist of items to be attached to submission. Please write N/A for items that are not applicable.**

[ ]  Copy of original certificate of approval.

[ ]  Copy of original application to a REB outside of TWU.

[ ]  Letter of consent.

## C. Submission

Submission instructions are found on the “Submit HREB Application” page of the HREB website at <https://www.twu.ca/research/research-services/human-research-ethics/submit-hreb-application>.

## D. Signatures

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature on this application is equivalent to your manual signature.

PRINCIPAL INVESTIGATOR: Your signature indicates that you agree to abide by all policies, procedures, regulations, and laws governing the ethical conduct of research on humans. Guidelines may be found on the TWU website. Any changes in protocol, procedures, or consent forms made after HREB approval will be submitted to the Human Research Ethics Board for review prior to implementation.

Principal Investigator Date

SUPERVISOR: Your signature indicates that the supervisory committee has reviewed and approved the student’s proposal and attests to the scientific and scholarly merit of the project. It also indicates that you assisted the student in the preparation of this application.

Student/Research Fellow’s Supervisor Date

CHAIR/DIRECTOR: Your signature indicates that adequate infrastructure is available to conduct this research.

NB: If the Chair or Director is also the Principal Investigator, a Co-Investigator, or the supervisor of the student applying, s/he cannot sign as Chair/Director as well. An alternate administrative signature must be provided.

Chair/Director Date

**The signature of the Associate Provost Research is only required if contracts are involved in this project as indicated in Section A:4c.**

ASSOCIATE PROVOST RESEARCH: Your signature indicates that the research office is aware of the contract and can confirm the status indicated in Section A:4c. The signature also confirms that all documents pertaining to research conducted in connection with contracts, research agreements, and so on, have been filed with the Research Office.

Associate Provost Research Date

## For HREB use only

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature on this application is equivalent to your manual signature.

HREB Chair or alternate Date of initial review

HREB Chair or alternate Date of final approval