\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As stipulated in Articles 2.8 and 6.14 of the [Tri-Council Policy Statement (TCPS 2)](http://pre.ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html), research projects must at minimum be evaluated annually by the Research Ethics Boards (REB). The REB must therefore receive the information requested in this form **to renew the ethics approval of all multi-year projects**.

Ethics approval is granted for a period of one year for research projects involving human participants. There is a limit of four renewals for projects, after which researchers must resubmit an application to the REB.

N.B.: All boxes below can expand to accommodate your text.

|  |
| --- |
| **Name of Principal Investigator (or Supervisor)****(Note:** if this is a student project, indicate your supervisor’s name**)** |
| **Name**:       |
| Faculty:       | E-mail:      |
| Department/School:      | Phone:      |
|  |
| **Research Team Information and students (4th year, Master’s or Doctoral levels)****(Note:** please add a separate sheet if the research team includes more than two members**)** |
| **Name:**       |
| **Role in the project:** [ ]  Co-principal investigator [ ]  Research coordinator[ ]  Supervisor [ ]  Co-supervisor[ ]  Co-investigator [ ]  Collaborator[ ]  Researcher assistant [ ]  Other:       |
| Faculty:       | E-mail:      |
| Department/School:      | Phone:      |
| **Name:**       |
| **Role in the project:** [ ]  Co-principal investigator [ ]  Research coordinator[ ]  Supervisor [ ]  Co-supervisor[ ]  Co-investigator [ ]  Collaborator[ ]  Researcher assistant [ ]  Other:       |
| Faculty:       | E-mail:      |
| Department/School:      | Phone:      |

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| --- |
| **Has any team member left or been added to the research team?**[ ]  Yes [ ]  No**If YES, please provide their name, their role in the project and their contact information (for a new member of the research team).**      |

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| --- |
| **Preferred language of correspondence:**  [ ]  French [ ]  English |

|  |
| --- |
| **Project Information** |
| Ethics File number:       |
| Research Project title:       |
| Initial date of approval: Click or tap to enter a date. |
| Dates of prior renewal(s) (if applicable):                         |
| Did you receive funding for this project?[ ]  Yes [ ]  No [ ]  PendingIf YES, name of funding agency:       |

|  |  |
| --- | --- |
| 1. **Is data collection complete?**

(If you are no longer collecting data from participants, in most cases it will not be necessary to renew your ethics approval) | [ ]  Yes **(If YES, fill out the Final Report)**[ ]  No **(If NO, proposed date of termination:** |
| 1. **Provide your reason(s) for requesting this extension:**

[ ]  This is a multi-year project [ ]  Other (provide details):       |
| 1. **Has there been any unanticipated issue / event with the participation of human participants in your project (legal, physical, psychosocial, social or other)?**

[ ]  Yes  [ ]  No  **If YES, complete the Unanticipated issues / Adverse Events Report.** |
| 1. **Has there been any modification(s) to the following research components that has not yet been approved by the REB?**

      |
| 1. **Research tools, documents (e.g. recruitment text, consent form, etc.), design or methodology**
 | [ ]  Yes | [ ]  No |
| 1. **Projected number of participants**
 | [ ]  Yes | [ ]  No |
| 1. **Confidentiality of data**
 | [ ]  Yes | [ ]  No |
| 1. **Persons with access to the data**
 | [ ]  Yes | [ ]  No |
| 1. **Location of the stored data**
 | [ ]  Yes | [ ]  No |
| 1. **Duration of the data conservation period**
 | [ ]  Yes | [ ]  No |
| 1. **Risk level for participants**
 | [ ]  Yes | [ ]  No |
| **If you have answered YES to any of these questions, a request for ‘’Modification to Research Project Form’’ must be completed and submitted to the Research Office and Ethics.****N.B: During the course of the study, any modification to the protocol or forms may not be initiated without approval from the REB.** |

**Attestation**

I agree to abide by the ethical guidelines and procedures of Saint Paul University Research Ethics Boards, of the [*Tri-Council Policy Statement (TCPS 2)*](http://pre.ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html), of my profession or discipline, as well as of the institution in which the research is undertaken. I am aware of my responsibility to be familiar with these standards. I further agree to notify the appropriate Research Ethics Board of any substantive change in the use of data in this research and to comply with requests made by such REB during the life of this research.

Signature:      Date: Click or tap to enter a date.

Printed Name:

Signature:       Date: Click or tap to enter a date.

Printed Name:

Signature:       Date: Click or tap to enter a date.

Printed Name:

**Submit to:**

Research Office and Ethics

Saint Paul University (Guigues Hall)

223 Main Street, Room 166

Ottawa, Ontario
K1S 1C4

Email: mkouachi@ustpaul.ca

Phone: (613) 236-1393 ext. 2323