Secondary use of data is defined as “the use in research of information or human biological materials originally collected for a purpose other than the current research purpose”. The use of these data requires ethics approval, unless the following [TCPS 2](http://www.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter2-chapitre2/) articles apply.

**Article 2.2** Research that relies exclusively on publicly available information does not require REB review when:

1. the information is legally accessible to the public and appropriately protected by law; or
2. the information is publicly accessible and there is no reasonable expectation of privacy.

**Article 2.4** REB review is not required for research that relies exclusively on secondary use of anonymous information\*, or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.

\* Information is considered anonymous if it never had identifiers associated with it (e.g., anonymous surveys) and risk of identification of individuals is low. This is different from anonymized information, which is irrevocably stripped of direct identifiers (i.e. no code is kept to allow re-identification) (see TCPS 2, Chapter 5).

Only **one copy** of this application form and the attachments should be submitted to the Research Office and Ethics.

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

|  |  |
| --- | --- |
| **Principal Investigator Information** | |
| **Name:** | |
| Faculty: | E-mail: |
| Department/School: | Phone: |
| **Research Team Information** | |
| **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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| **Project Information** |
| Project title:Click or tap here to enter text. |
| Is there a pending deadline by which ethics approval is required?  Yes  No  If yes, deadline date:  If yes, provide reasons for the deadline: |
| Please provide any additional information that may be relevant for the ethics review of this project. (e.g., relationship to another approved project, etc.). |

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| **Type of Project** |

Professor’s research

Postdoctoral research project

Doctoral thesis

Master’s thesis

Master’s major research paper

4th year project

Independent student project

Other Specify:

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| **Conflict of Interest Disclosure** |

Conflicts of interest can arise naturally from a researcher's engagement inside and outside the institution, and the mere existence of a conflict of interest does not necessarily imply wrongdoing on anyone's part. However, conflicts of interest must be recognized, disclosed, and assessed.

Does anyone on the research team have an actual or potential, apparent or perceived conflict of interest (financial, personal or other) in regards to this research project?

Yes  No

If you answered yes, please explain the nature of the conflict of interest and how it will be managed.

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| **Funding Information** |

Did you receive funding for this project?

Yes  No  Pending

If you answered “yes” or “pending”, indicate the source of funding:

Saint Paul University No. or Funding Agency Reference No.:

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| **Project Description** |

* 1. **- Describe the purpose and objectives of the current project. Include the research question(s).**

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**1.2 - Situate the current project in the scholarly literature and provide the rationale.**

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**1.3 - Provide references. Include author, year, title, journal, and page numbers.**

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**1.4 - Specify the kind of data (e.g., medical files, program evaluation, school or criminal records, interview transcripts, a company's minutes) that you will be using and provide details (e.g., size of the dataset, specific variables).**

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**1.5 - Describe how the data will be analyzed.**

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**1.6 - Describe the purpose for which the data were initially collected.**

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**1.7 - Describe the characteristics of the individuals from whom the information was initially collected.**

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**1.8 - Indicate which organization or individual is providing the data.**

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**1.9 - Is an agreement/permission required for secondary use of these data?** (Note: This is usually necessary, unless the data is from a previous project on which you were the principal investigator.)

Yes - please include copies of the relevant documents (e.g., contract, permission letter or email).

No

**Additional comments (if applicable)**

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**1.10 - Who will have access to the current dataset?**

Principal investigator

Thesis / Project supervisor

Co-researcher

Research assistant

Other Specify:

**1.11 - In addition to the research team members identified in this application, there may be other individuals (e.g., research assistants, translators and interpreters) who will have access to the data. Confirm that any such individuals will sign a confidentiality agreement before having access to the data.**

I confirm

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| **Privacy and Confidentiality** |

**2.1** - **Will any of the following data be obtained as part of the current dataset?**

**A**  **Directly identifying information:** Information that identifies a specific individual through direct identifiers (e.g., name, email address).

**B**  **Indirectly identifying information:** Information that can reasonably be expected to identify an individual through a combination of indirect identifiers(e.g., date of birth, IP address, job title, unique personal characteristic).

**If you answered yes to A or B, describe the type of directly or indirectly identifying information that will be obtained as part of the current dataset.**

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**If you answered yes to A or B, describe if and how the identity of the individuals will be safeguarded** **(e.g., anonymization of data, use of codes or pseudonyms).**

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**2.2 - Describe the physical** (e.g., locked filing cabinet) **and technical** (e.g., encryption) **safeguards that will be used to securely store the current dataset** (e.g., written records, electronic data, recordings, etc.).

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**2.3 -** **Indicate how long the data for the current project will be conserved.**

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| **Consent**  Article 5.5A.d of the TCPS 2 requires that “researchers will comply with any known preferences previously expressed by individuals about any use of their information”. |

**3.1 – Evaluate and comment on the degree of expectations the individuals who provided the information had regarding the confidentiality and secondary use of their data.**

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**\*Please append templates of the consent forms / other documents provided to individuals at the time the information was collected (if possible).**

**3.2 -** **Explain if and how informed consent will be sought from the individuals whose data you will be using?**

**\*Please append the consent documents to be used for the current project, if applicable.**

Please note that if you will not be seeking consent from participants, all the following conditions must be met (see TCPS 2, Article 5.5):

(a) Identifiable information is essential to the research;

(b) The use of identifiable information without the participants’ consent is unlikely to adversely affect the welfare of individuals to whom the information relates;

(c) You will take appropriate measures to protect the privacy of individuals, and to safeguard the identifiable information;

(d) You will comply with any known preferences previously expressed by individuals about any use of their information;

(e) It is impossible or impracticable to seek consent from individuals to whom the information relates; and

(f) You have obtained any other necessary permission for secondary use of information for research purposes.

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| **Risks and Benefits** |

**4.1 - Describe the potential contributions and benefits of the current project.**

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**4.2 Could the secondary use of these data lead to any potential harm** (e.g., legal, psychological or social)?

Yes  No

**If yes, please describe the nature of the potential harms and the measures you will take to minimize these harms.**

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| **Documents submitted to the Research Office and Ethics for review by the Research Ethics Board (REB):**  Application form  Agreement / Permission document (see # 1.9)  Sample consent document(s) (see #3.1 & # 3.2)  Other Specify: |

**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)*, 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:

**Send to:**

Research Office and Ethics

223 Main Street, Room 166

Saint Paul University (Guigues Hall)

Ottawa, Ontario  
K1S 1C4

Email: [mkouachi@ustpaul.ca](mailto:mkouachi@ustpaul.ca)

Phone: (613) 236-1393 ext. 2323