



Request for Administrative Review and/or REB Exemption Application Form

OFFICE USE ONLY
REB#:

SECTION 1 Project Information

Project Title:
Sponsor/Funder:
Is funding held at Women's College Hospital?
Yes [] No []
If no, where will funding be held?

SECTION 2 Contact Information

Name of Principal Investigator/Grantee:
Department/Division/Program:
Telephone:
e-mail address:

SECTION 3 Request for REB Exemption - PLEASE CHECK OFF WHICH CATEGORY THIS PROJECT FALLS UNDER:

[] ICES PROJECT (IF YES, PLEASE PROVIDE PROOF OF PRIVACY IMPACT ASSESSMENT)
[] RESEARCH THAT RELIES EXCLUSIVELY ON PUBLICLY AVAILABLE INFORMATION(TCPS2 ARTICLE 2.2)
[] RESEARCH INVOLVING THE OBSERVATION OF PEOPLE IN PUBLIC PLACES (TCPS2 ARTICLE 2.3)
[] RESEARCH THAT RELIES EXCLUSIVELY ON SECONDARY USE OF ANONYMOUS INFORMATION OR BIOLOGICAL MATERIALS SO LONG AS THE PROCESS OF DATA LINKAGE OR RECORDING OR DISSEMINATION OF RESULTS DOES NOT GENERATE IDENTIFIABLE INFORMATION (TCPS2 ARTICLE 2.4)
[] QA/QI PROJECTS (E.G. PROGRAM EVALUATION ACTIVITIES, PERFORMANCE REVIEWS, TESTING WITHIN NORMAL EDUCATIONAL REQUIREMENTS WHEN USED EXCLUSIVELY FOR ASSESSMENT, MANAGEMENT, OR IMPROVEMENT PURPOSES) (TCPS2 ARTICLE 2.5)
[] CREATIVE PRACTICE THROUGH WHICH AN ARTIST MAKES OR INTERPRETS A WORK OR WORKS OF ART (TCPS2 ARTICLE 2.6)
[] REQUESTING TO POST A FLYER/POSTER AT WOMEN'S COLLEGE HOSPITAL FOR AN EXTERNAL STUDY. THERE IS NO ACTIVE RECRUITMENT AND NO OTHER STUDY ACTIVITIES OCCURING AT WCH (PLEASE PROVIDE PROOF OF REB APPROVAL FROM HOME INSTITUTION, A LETTER OF SUPPORT FROM DEPARTMENT WHERE YOU WOULD LIKE TO POST THE FLYER, AND COPY OF ADVERTISEMENT [E.G. UHN, SICK KIDS, UOFT, ETC...])



OTHER (IF OTHER PLEASE EXPLAIN THE TYPE OF RESEARCH)

SECTION 4 PROJECT SUMMARY - In the space below please provide a lay summary of the project/study. Please include a brief description of the purpose, the objectives, the methods, and involvement of any human subjects or data. Please also describe any data linkage that will occur.):

