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| **SECTION 4: APPROVAL AND DECLARATION** | | | | | | |
| **PROGRAM DIRECTOR APPROVAL FOR THIS SUBMISSION**  **Program Director Approval** - I am aware of proposed recruitment material/ study information and support its display and dissemination in this program. I understand that further research activity will not be permitted without the full approval of the Institution. | | | | | | |
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|  | Program Director Name |  | Program Director Signature |  | Date |  |
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| **LAKERIDGE HEALTH STAFF CONTACT**  I am aware of the proposed recruitment material/ study information and accept responsibility for its display and dissemination at Lakeridge Health. I agree to act as a “contact person” should additional information be requested and understand that further research activity will not be permitted without the full approval of the Institution. I agree to notify the REB Coordinator if it is determined that study activity differs from what is approved herein. | | | | | | |
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|  | Lakeridge Health Contact Name |  | Lakeridge Health Contact Signature |  | Date |  |
| **REARCHER AGREEMENT**  I assume full responsibility for the scientific and ethical conduct of this study as described in this application and submitted protocol, and agree to conduct this study in compliance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2),* the *Personal Health Information Protection Act (PHIPA) (2004),* and any other relevant laws, regulations or guidelines. I agree that if there is a change in the status of the Research Ethics Board approval noted above, I will inform the REB Coordinator and the staff contact immediately. I will only conduct study recruitment as outlined in this application and am aware that any additional study activity may not occur without the full approval of the Institution. | | | | | | |
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|  | Principal Investigator Name |  | Principal Investigator Signature |  | Date |  |
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