**LHREB REQUEST FOR CONSIDERATION APPLICATION**

The Lakeridge Health Research Ethics Board (REB) exists to ensure that all research involving human participants conducted at LH meets the highest ethical and acceptable scientific and safety standards. These guidelines are in compliance with the requirements for continuing ethical review as set out in the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans Version 2 (TCPS),* the *International Conference on Harmonization Good Clinical Practice (ICH/GCP)*, and *Part C, Division 5 of the Food and Drug Regulations of Health Canada.*

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| Submission Date: |  |
| Project Lead: |  |
| Program: |  |
| Email: |  |
| Study Title: |  |

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| 1. **Abstract/Summary of Project:** | | |
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| 1. **Project Information:** | | |
| a. | Provide a brief rationale for your project (i.e. why you are doing this project?): | |
| b. | Provide a description of the data assessed and/or collected: | |
| c. | Do you have a specific project question or hypothesis? | |
| d. | Objectives of the project: | |
| e. | Does this project involve surveys or interviews? (If yes, please attach) | |
| f. | Is there a consent form? (If yes, please attach) | |
| g. | Significance of the project (i.e., what contributions could it make?): | |
| 1. **Does a protocol exist? (If yes, please attach)** | | |
| NO  YES | | |
| 1. **Will data be reported publicly (e.g., publications)?** | | |
| NO  YES: provide details:  Unknown | | |
| 1. **Project Duration:** | | |
| Proposed Start Date: | |  |
| Estimated End Date: | |  |
| 1. **Why do you think your study should be reviewed through the “request for consideration” pathway?** | | |
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| Signature of Project Leader |

I am aware of this proposal and support its submission. I consider it to be feasible and appropriate. I attest that the Project Lead responsible for the conduct of this study is qualified by education, training and experience to perform his/her role in the study. I attest that the program in which the project is being conducted has the appropriate resources to support the study.

     

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| Signature of Program Director (if applicable) |  | Program |