**TRILLIUM HEALTH PARTNERS (THP) RESEARCH ETHICS BOARD (REB)**

**SAFE RESEARCH PRACTICES FORM**

The THP REB is committed to supporting safe research at Trillium Health Partners during the pandemic. This form is designed to delineate any risks and benefits of proposed research activities in light of the recent pandemic, and the safety measures required to safely engage in research going forward.

One copy of this form is required to accompany **new study** submissions, submissions relating to **restarting an already approved research study** and **amendment submissions** (excluding minor amendments) until further notice. For information on this form or requirements, please contact the Research Ethics Board Office at [THPREB@thp.ca](mailto:THPREB@thp.ca).

Date form completed:

1. **STUDY INFORMATION:**

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| --- |
| Study Title: |
| Principal Investigator: |
| REB ID# (if applicable): |
| Study Site(s):  Credit Valley Hospital  Mississauga Hospital  Queensway  Other: |

1. **SUBMISSION INFORMATION:**

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| --- |
| Nature of Submission:  New study submission  Amendment to previously approved study |
| Planned (re)start date: |

1. **IN-PERSON RESEARCH VISITS/CONTACT:**

|  |  |
| --- | --- |
| How will the study team adhere to provincial and THP guidelines for safe in-person contact? | Use of PPE  Physical Distancing ≥ 2meters (whenever possible)  Sanitization of all materials, equipment, and area  Adequate space & resources to accommodate research visits and distancing requirements  Other (explain): |
| How will the study team adhere to provincial and THP guidelines for safe in-person contact? | Use of PPE  Physical Distancing ≥ 2meters (whenever possible)  Sanitization of all materials, equipment, and area  Adequate space & resources to accommodate research visits and distancing requirements  Other (explain): |
| How will PPE be secured for study purpose? | Sponsor supplied  Purchased using research funding  Visits planned concurrently with clinical care and no additional PPE required  Other (explain): |
| Does participation in the study increase the chance of community exposure and/or spread of COVID-19? | No  Yes (provide justification): |
| Will participation in the study increase the risks to third parties/society by increasing risk of COVID-19 exposure? | No  Yes (provide justification): |

1. **VIRTUAL RESEARCH VISITS:**  Not Applicable *(skip this section)*

|  |  |
| --- | --- |
| Which virtual platform(s) will be used to facilitate virtual research visits: | Skype  Zoom  WebEx  Teams  Other: |
| What measures are in place to maximize safety when engaging virtually? | Suggest personal/identifiable items are removed from view  Participant to confirm they have a confidential space  Safety plan for participants requiring urgent follow up  Offer alternative secure method (e.g. phone)  Other (explain): |
| Do virtual visits exclude any populations based on socio-economic status or raise other ethical issues related to fairness and equity? | No  Yes (provide justification): |

1. **ADDITIONAL COMMENTS/NOTES**

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1. **PRINCIPAL INVESTIGATOR ATTESTATION**

I have read the information contained in this form. By signing below I agree that:

I have assessed the safety, privacy and ethical implications of this submission and its impact on the study procedures.

I assume full responsibility for the scientific and ethical conduct of this study and agree to conduct this study in compliance with the current edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Human Subjects (TCPS), Personal Health Information Protection Act (PHIPA) and any other relevant regulations or guidelines.

I will inform my study team of all required or updated procedures as outlined above.

I certify that all researchers and personnel involved in this study at this institution are appropriately qualified and trained to fulfill their role in this study.

I will not implement the change(s) described on this amendment form or deviate from the protocol without final Research Ethics Board approval except to eliminate an immediate risk to study participants.

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| --- | --- | --- | --- | --- |
| Name of Principal Investigator |  | Signature |  | Date |