**Research Ethics Board (REB)**

**PROJECT INTAKE FORM**

**Preamble: The completion of this Form enables the TBRHSC and LU REB to proceed through the reciprocity review process (if the project is applicable) such that each institutional REB accepts the REB approval of the institution deemed the REB of Record.**

**Please complete and submit to** [**TBRHSC.REO@tbh.net**](mailto:tbr_reo@tbh.net) **or** [**research.ethics@lakeheadu.ca**](mailto:research.ethics@lakeheadu.ca)

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| --- | --- | --- |
| **Principal Investigator (PI) Information** |  | **OFFICE USE ONLY** |
| **Name:** | **Date Received:** Click to enter a date  **Most Responsible Institution:**  **REB of Record:**  Ad Hoc Reviewer Required  Notify Other REB upon Approval  TBRHSC Institutional Authorization Required  **COMPLETED BY:**  TBRHSC REB Office  LU REB Office |
| **Email Address:** |
| **Select ALL of the PI’s affiliations below:**  TBRHSC  TBRHRI  LU  NOSM  **Other Affiliations:** |
| **From the affiliations selected above, which will be the PI’s Primary Affiliation**  **for conduct of THIS research project?**  *Please note: if the project is driven by an LU/NOSM learner to earn an academic*  *credit, the PI’s primary affiliation must be LU or NOSM.*  **Primary Affiliation for this research project:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **STUDY INFORMATION** | | | |
| **Full Study Title:** | |  | | |
| **Funding will be held and administered by:** | | |  | **No funding** |
| **Funding Source:** | |  | | |
| **Below, check ALL boxes that are TRUE. This research project (select all that apply):** | | | | |
|  | Involves the use of Personal Health Information held by TBRHSC | | | |
|  | Involves the use of TBRHSC medical facilities or equipment | | | |
|  | Is an investigation in human participants to study clinical effects of an investigational product with an objective of ascertaining its safety and/or efficacy | | | |
|  | Is an investigation involving human participants that evaluates the effects of one or more health related interventions on health outcomes | | | |
|  | Involves a clinical trial application to Health Canada | | | |
|  | Involves the use of TBRHSC resources (staff, patients, data, space) | | | |
|  | None of the above | | | |
| **Please provide 2-3 sentences describing the study in general**: | | | | |