**Brandon University Research Ethics Committee (BUREC)**

**secondary use Application**

**for Ethical Review of Research Involving Humans**

This form is for Secondary Use applications only.

As per Chapter 5 – D. Consent and Secondary Use of Information for Research Purposes of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2-2018)*:

### Secondary use refers to the use in research of information originally collected for a purpose other than the current research purpose. Common examples are social science or health survey data sets that are collected for specific research or statistical purposes but then re-used to answer other research questions. Information initially collected for program evaluation may be useful for subsequent research. Other examples include health care records, school records, biological specimens, vital statistics registries or unemployment records, all of which are originally created or collected for therapeutic, educational or administrative purposes, but which may be sought later for use in research.

There are three categories of Secondary Use data that require application to BUREC:

* Identifiable: Data that contains identifiable information.
* Coded: Data that has direct identifiers removed and replaced with a code. New consent may be required if the researcher accessing the data set also has access to the code that re-identifies individuals to whom the information relates.
* Non-identifiable: Data does not identify an individual, for all practical purposes, when used alone or combined with other available information.

BUREC approval is not required for secondary use of data that is anonymous, with no process for data linkage, and dissemination of results will not generate identifiable information. “Anonymous” is defined as data that never had identifiers attached to them. “Data Linkage” is defined as “the merging or analysis of two or more separate data sets (e.g., health information and education information about the same individuals) for research purposes.”

For inquires relating to research using secondary-use data, please contact BUREC at [burec@brandonu.ca](mailto:burec@brandonu.ca).

# INSTRUCTIONS

1. Please be sure to download the most current application form from [www.brandonu.ca/burec](http://www.brandonu.ca/burec).
2. Save the Word document to your computer.

This is a locked form. All sections will expand as necessary. NOTE: Spellcheck will not work. It is recommended that you prepare your responses to the application questions below in another Word document for spellcheck purposes, then cut and paste in the text into the appropriate field below.

1. Forms shall be completed and submitted electronically. Hard-copy and hand-written forms will not be accepted. Preferred format is Microsoft Word.
2. Only applicable appendices as indicated in the application from will be reviewed by BUREC. Research proposals will not be considered as part of the ethics review and therefore should not be included as an appendix.
3. All appendices shall be clearly labelled and files saved appropriately (e.g. Appendix A, Appendix B, etc.).
4. The Principal Investigator shall complete the most current TCPS CORE Tutorial and provide a certificate of completion as an appendix with each new application submitted to BUREC. The TCPS CORE Tutorial can be accessed on the BUREC webpage at: [www.brandonu.ca/burec/policies](http://www.brandonu.ca/burec/policies).
5. Student supervisors shall review a student’s application before it is submitted. The supervisor is responsible for ensuring that the ethics application is complete. The supervisor shall be copied on all correspondence sent to BUREC.
6. All questions in the application shall be answered. Incomplete applications will be returned to the Principal Investigator.
7. A submission must be either approved or withdrawn within six (6) months of the initial BUREC review date, after which time a new ethics submission is required.
8. An ethics certificate is valid for five (5) years. To maintain ethics approval over multiple years, an Annual Progress Report is required. A Final Report is required at the conclusion of the project. Student supervisors are responsible for ensuring compliance.
9. Applications shall be submitted to [burec@brandonu.ca](mailto:burec@brandonu.ca).

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| Research Office File #: |  | *(For Office Use Only)* |

# project title

# research team

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| **A. Principal Investigator:** | | |
|  | Name: |  |
| How do you self-identify?  *(i.e. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(i.e. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |

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| **B. Co-Investigator(s):** | | |
|  | Name: |  |
| How do you self-identify?  *(i.e. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(i.e. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |
|  | Name: |  |
| How do you self-identify?  *(i.e. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(i.e. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |

***Additional co-investigators can be listed at the end of this application form.***

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| **C. Faculty Supervisor (for Student Principal Investigators only):** | | | |
|  | Name: | |  |
|  | How do you self-identify?  *(i.e. Dr., Mr., Ms., Mrs., etc.)* | |  |
|  | Position:  *(i.e. Professor, Instructional Associate, etc.)* | |  |
|  | Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* | |  |
|  | Email Address: | |  |
|  | Telephone Number: | |  |
|  | Type of Project | Undergraduate Thesis  Graduate Thesis  Other – Please specify: | |
|  | **The Faculty Supervisor has read this application and has approved the submission of this application to the Brandon University Research Ethics Committee (BUREC).** | | |

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| **D. Other Persons (who will have access to the data)** | | |
| Name or Identify Role  *(e.g. student, translator, transcriber, etc.)* | Status/Involvement  *Please detail the role/tasks of the other persons involved in data collection.* | Benefits/Risks  *Please highlight the reasonable benefits and risks to the participant by having other persons involved in the data collection.* |
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# administrative information

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| 1. Is this project currently funded?  Yes  No | | |
| a. | *If yes, please identify the funding agency:* |  |
| b. | *If yes, what is the project title on the grant application?* |  |

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| 1. Will this project require approval from another Research Ethics Board?  Yes  No | | |
| a. | *If yes, please confirm the REB Name:* |  |
| b. | *If yes, please confirm the status as follows:* | Approved (if approved, please include a copy of the certificate as an appendix)  In-Process |

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| 1. Please outline the original project/purpose for which the data was obtained. |

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| 1. For the original project/purpose, was consent sought from participants to allow the use of data for other research purposes? | Yes  No |

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| 1. Do you have permission from the data steward to access the data for this secondary-use project?   *NOTE: As per the TCPS2-2018, “Data stewards are responsible for data definition (i.e., defining the characteristics of the elements in a database) and access authorization, particularly data access and disclosure to third parties.”* | Yes  No |

# Categories of secondary use

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| 1. Will this project require access to **identifiable** information? | | | Yes  No |
|  | *If no, proceed to the next question 7.* | | |
|  | *If yes:* | | |
| a. | Will new consent be obtained to use the data for this new research purpose (or was consent previously obtained by the participant(s) at the time of original data collection for other or future research projects)? | | Yes  No |
|  | *If yes, please provide the Informed Consent document as an appendix and proceed to question 6.* | | |
|  | *If no:* | | |
| b. | Is identifiable information essential to the research? | | Yes  No |
| c. | Is it **unlikely** that the use of identifiable information will adversely affect the welfare of the individuals to whom the information relates? | | Yes  No |
| d. | Is it impossible or impracticable to seek consent from individuals to whom the information relates?  *NOTE: The TCPS2-2018 defines “impracticable” as “incapable of being put into practice due to a degree of hardship or onerousness that jeopardizes the conduct of the research; it does not mean mere inconvenience.”* | | Yes  No |
|  | *If yes:* | |  |
|  | i) | Please detail how/why it is impossible or impracticable to seek consent from individuals to whom the information relates. | |
| e. | What measures will be taken to protect the privacy of individuals and to safeguard the identifiable information? | | |
| f. | Will there be compliance with any known preferences previously expressed by individuals about any use of their information? | | Yes  No |
| g. | Are there any other permissions necessary for secondary use of information for research purposes? | | Yes  No |
|  | *If yes:* | |  |
|  | i) | Have those permissions been granted? | Yes  No |

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| 1. Will this project require access to **coded** information? | | Yes  No |
|  | *If no, proceed to the next question 8.* | |
|  | *If yes:* | |
| a. | Will the researcher have access to the code that re-identifies the individual(s) to whom the information relates? | Yes  No |
|  | *If no, proceed to question 7.* | |
|  | *If yes:* | |
| b. | Will new consent be obtained to use the data for this new research purpose (or was consent previously obtained by the participant(s) at the time of original data collection for other or future research projects)? | Yes  No |
|  | *If yes, please provide the Informed Consent document.* |  |

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| 1. Will this project require access to **non-identifiable** information? | Yes  No |

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| 1. Does this project involve data linkage?   *NOTE: Data Linkage is defined as “the merging or analysis of two or more separate data sets (e.g., health information and education information about the same individuals) for research purposes.”* | | | Yes  No |
|  | *If no, proceed to question 10.* | | |
|  | *If yes:* | |  |
| a. | Describe the data that will be linked. | |  |
| b. | Is it likely that identifiable information will be created through the data linkage? | | Yes  No |
|  | *If yes:* | |  |
|  | i) | Is data linkage essential to this research? | Yes  No |
|  |  | *If yes,* how is the data linkage essential to this research? |  |
|  | ii) | What security measures will be implemented to safeguard information? | |

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| 1. How will data be kept secure?   *NOTE: For more information, please refer to the BUREC Standard Operating Procedure: Data Security, Transporting Data, and Data Retention accessible at* [*https://www.brandonu.ca/research/committees/burec/policies/*](https://www.brandonu.ca/research/committees/burec/policies/) | | | |
| *a.* | Will physical data be transported from one location to another (e.g. transported from office to home)? | | Yes  No |
|  | *If yes:* | | |
| *i.* | | Outline the procedures to ensure data is kept secure. | | |

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| 1. What will be done with the data after the project is complete (e.g. disposed of or archived)? Please outline the procedures.   *NOTE: Disposal of data is not a requirement of the TCPS2-2018 nor the Brandon University Research Ethics Committee (BUREC) Policies and Procedures.* |

# Attachments/appendices included:

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| 1. Identify the attachments/appendices included with this application, including the Appendix name. | | | |
|  |  |  | *Appendix Name (e.g. Appendix A, Appendix B, etc.)* |
| a. |  | Consent document. | Appendix |
| b. |  | TCPS CORE Tutorial Certificate of Completion. | Appendix |
| c. |  | Other – Please specify: |  |
|  |  |  | Appendix |
|  |  |  | Appendix |
|  |  |  | Appendix |