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

**FINAL report**

# 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. Course Project Research: Student researchers conducting research under “Course Project Research” must complete the most current TCPS CORE Tutorial or demonstrate previous completion before commencing the project. The course instructor must submit with the Annual Progress Report copies of the students’ CORE Tutorial certificates to verify this requirement.
3. Student Principal Investigators: Student supervisors shall review a student’s report before it is submitted. The supervisor is responsible for ensuring that the ethics file is complete and in compliance. The supervisor shall be copied on all correspondence sent to BUREC.
4. All questions in the form shall be answered. Incomplete applications will be returned to the Principal Investigator.
5. 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.
6. Reports shall be submitted to [burec@brandonu.ca](mailto:burec@brandonu.ca).

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

# general

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| Date: |  |
| Title of Project:  NOTE: This should reflect the title on the Ethics Certificate for this project. |  |
| Name of Principal Investigator: |  |
| Faculty Supervisor (if applicable): |  |
| Date of Completion: |  |

# Progress Report

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| 1. In the past year, has there been a change to the Team of Co-investigators? | | | Yes  No |
|  | *If yes:* | | |
| *a.* | Please identify who is no longer involved in this project, if applicable: | | |
| *b.* | Please identify who has been added to the core Research Team (i.e. CIs), if applicable:  *Additional new Co-investigators can be listed at the end of this form.* | | |
|  | Name: |  | |
|  | How do they self-identify?  (i.e. Dr., Mrs., Ms., Mr., 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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| 1. In the past year, has there been a change in the expanded Research Team (Other Persons Involved in Data Collection) | | Yes  No |
|  | *If yes:* | |
| *a.* | Has a confidentiality agreement been signed by all “Other Persons Involved in Data Collection” | Yes  No |

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| 1. In the past year, have those members involved in data collection completed their tasks? (If no others were involved with data collection beyond the PI, please select “N/A”.) | | Yes  No  N/A |
|  | *If yes:* | |
| *a.* | Have all data been returned to the PI or designated custodian? | Yes  No |

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| 1. Are members of the core Research Team (PI/CIs) in good standing with their affiliated institution? (Are they in compliance with no ethics certificates currently suspended)? | Yes  No |

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| 1. Has there been a change in funder(s) for this project? | | | Yes  No |
|  | *If yes:* | | |
| *a.* | Please identify the new funder(s) and the project title on that grant: | | |
|  | | *New Funder(s):* | |
|  | | *Project title on grant:* | |

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| 1. During the last year, were any amendments made to the following: | | | |
| *a.* | Protocol (e.g. change to inclusion/exclusion criteria, procedures, research purpose, category of risk, etc.) | | Yes  No |
| *b.* | Consent Form(s) | | Yes  No |
| *c.* | Recruitment Tools/Methods | | Yes  No |
| *d.* | Research Tools (e.g. survey, questionnaire, etc.) | | Yes  No |
|  |  | *If yes to any of the above:* | |
|  | *i.* | Please describe amendments made. | |
|  | *ii.* | *Were these amendments approved by BUREC?* | Yes  No |

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| 1. During the last year, were any unanticipated issues or events encountered? | | | Yes  No |
|  | *If yes:* | | |
|  | ***i.*** | Please describe the unanticipated issue or event. | |
|  | ***ii.*** | Was an “Unanticipated Issue/Event Report” submitted to BUREC? | Yes  No |

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| 1. During the last year, were there any material incidental findings?   *For more information, please see “How to Address Material Incidental Finding: Guidance in Applying Article 3.4” accessible at* [*https://www.brandonu.ca/research/committees/burec/policies/*](https://www.brandonu.ca/research/committees/burec/policies/) | | | Yes  No |
|  | *If yes:* | | |
|  | ***i.*** | Was the finding reported to BUREC? | Yes  No |
|  | ***ii.*** | Was a management plan developed and submitted to BUREC for approval? | Yes  No |

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| 1. Will this research be published or otherwise disseminated? | | Yes  No |
| *a*. | If not, please clarify. | |

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| 1. Were participants informed of the outcomes of the research? | | Yes  No |
|  | *If no*: | |
| *a.* | Please clarify.  *Please note: “Informing participants of the research results is as important as disseminating results to the research community”. (TCPS2-2018, Chapter 4, page 55).* | |

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| **(FOR OFFICE USE ONLY)** | |
| **Ethics File #:** |  |
| **Date Received by Research Office:** |  |
| **Approved by BUREC:** |  |

# additional co-investigators (as applicable):

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| 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: |  |
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