



#89 - Demonstration Application

Protocol Information

Submission Type

Status

New

In Progress

General Information

Are any of the research team members affiliated with any of the Research Ethics BC (REBC) institutions, **other than SFU**? Please check the up to date list of REBC institutions [here](#).

No

Will any recruitment of participants or conduct of research occur at any of the Research Ethics BC (REBC) institutions, **other than SFU**? Please check the up to date list of REBC institutions [here](#).

No

Principal Investigator

Kim Lajoie

Department/School

Biomedical Physiology Kinesiology

Title of Research Project

Demonstration Application

General Questionnaire

Select the type of submission you are completing

New Application

Indicate what type of study you are applying for

Clinical

Has this study received ethics approval from a research ethics board that is Tri-Council Policy Statement (TCPS2) compliant, such as another Canadian University or Health Authority?

Please note: Institutions outside of Canada are not TCPS2 compliant. Please note that approval from a Canadian federal funding agency does not apply to this question.

No

Personnel

study and designate the type of online access you would like them to have. Study personnel you grant the Full Access permission to will be able to complete the initial application, or initiate amendments, but the PI must submit all applications.

Instructions to add or update personnel.

- Click "+ Add Info" below to add your first person.
- Click "+ Add Line" to insert additional persons.
- Select the [Edit Pencil](#) next to a person to edit or update.

SFU Affiliated Personnel

Person

Kim Lajoie

Home Unit

Biomedical Physiology Kinesiology

Email Address

klajoie@sfu.ca

Phone

Researcher Role

Principal Investigator

Appointment Status

Staff

Permissions

Full Access

People Attachments

Contact Roles

Admin

Does this project include personnel that are external to SFU?

Yes

Team Members External to SFU

Add all co-investigators and other study team members associated with this study who are not affiliated with SFU. The co-investigators will be listed on the REB Approval Letters, but will not have online access to the study application.

Instructions to add or update personnel.

- Click "[+ Add Info](#)" below to add your first person.
- Click "[+ Add Line](#)" to insert additional persons.
- Select the [Edit Pencil](#) next to a person to edit or update.

All SFU affiliated study team members (including but not limited to faculty, undergraduate and graduate students, and research staff) are required to complete either the [TCPS2 \(CORE\)](#) tutorial or the Social and Behavioral Research Ethics course or Biomedical Research Ethics course offered through the [CITI Program](#) before submission. Please confirm that all SFU affiliated study team members have completed one of the TCPS2 (CORE) tutorial or either of the CITI Program courses.

All SFU affiliated study team members have completed either the TCPS2 (CORE) Tutorial or a CITI Program course.

In-Person Research Activities

Will your study involve in-person research activities?

No

Funding

Types of Funding

Grant

Please enter the details for the research funding application/award associated with this study.

Instructions to add or update funding source.

- Click "[+ Add Info](#)" below to add your first funding source.
 - Click "[+ Add Line](#)" to insert additional funding sources.
 - Select the [Edit Pencil](#) next to a funding source to edit or update.
-

Is this a U.S. Department of Health and Human Services grant?

Yes

DHHS Funding Source

Please enter any applicable information about your funding which is not already shown above.

Conflict of Interest

[Conflicts of Interest \(COIs\)](#) can arise naturally from an Investigator's engagement inside and outside the University, and the mere existence of a COI or the perception of a COI does not necessarily imply wrongdoing on anyone's part. Nonetheless, real and perceived COIs must be recognized, disclosed, and assessed.

Do the Principal Investigator, Co-Investigators and/or their related parties (defined in [SFU Policy GP 37](#)) have any personal interest(s) that could compromise or reasonably be perceived to compromise the objective conduct of the research or the integrity of the data generated by the study? Personal interests may include business, commercial or financial interests, as well as personal matters and career interests.

Yes

What is the status of your [Conflict of Interest Form](#) ?

Completed by the researcher

Please email the draft form to dore@sfu.ca. Do not sign the form or send it to the Dean before sending it to ORE.

Peer Review

Is this application closely linked to any other application previously/simultaneously submitted to this (or another) REB?

Yes

Please enter the Research Ethics Board number of that proposal.

Please describe the relationship between this proposal and the previously/simultaneously submitted proposal listed above.

Are you aware of any rejection of this study by any Research Ethics Board?

Yes

Please provide known details.

Will biological materials be collected or analyzed by researchers or a research lab?

No

Will radioisotopes be used in this project?

No

Will devices be used in this project?

No

Has this study received External Peer Review?

Yes

Please provide known details.

Has this study received Internal Peer Review?

Yes

Please provide details.

Minimal Risk Matrix

Participant Vulnerability

Research Risk

Medium

Medium

Your project has an overall risk level of **medium** and may be designated as "minimal risk" or "above minimal risk". This will be determined during initial review.

Minimal risk research is eligible for Delegated Review, while above minimal risk research requires Full Board Review.

Explain/Justify the level of risk

Data Registry/Data Bank

In addition to other research activities, does this study involve the creation of a research database or registry for future unspecified research?

Yes

Is the purpose of this application exclusively to obtain approval for the creation of a research database or registry?

Yes

What is the scope and purpose of the database or registry?

What are the public and scientific anticipated benefits of the database or registry?

Over what period of time will data be collected?

What information source(s) are you accessing?

Are you collecting personally identifying information?

Yes

Indicate the type of personally identifying information you will be collecting. Provide a justification for its inclusion.

Will the data remain identifiable? If not remaining identifiable, when, if ever, will the data be irreversibly anonymized?

Explain why data needs to remain identifiable, if this is the case.

List the individuals who will have access to personally identifying information at any stage in the data collection or review/abstraction, including those who will have access to code breaking files that contain identifiable information.

No

Please move through the following points to address the justification for the use of identifiable information without consent according to the TCPS 2 Articles [3.7](#) and [5.5.A](#).

Is the identifiable information essential to the research?

Yes

Please provide further explanation and/or justification.

Is the use of the identifiable information without the participants consent unlikely to adversely affect the welfare of the participants to whom the information relates? Please provide further explanation and/or justification in the text box below.

The researchers will take appropriate measures to protect the privacy of individuals and to safeguard the identifiable information. Please provide further explanation and/or justification in the text box.

The researchers will comply with any known preferences previously expressed by individuals about any use of their information. Please provide further explanation and/or justification in the text box below.

If it is impossible or impracticable to seek consent from individuals to whom the information relates, please provide further explanation and/or justification in the text box below.

Will individual participants have the right to access their data, or right to amend or withdraw their data?

Yes

Provide details of the process for accessing and/or withdrawing data, including what data can be withdrawn.

What is the entity or who is the person that will have custodianship of the database or registry?

What steps will be taken to ensure the security of the data?

Describe any risks associated with the possible disclosure of the data.

Yes

Explain why it is necessary to send the data outside of the institution, and indicate what data will be sent, where it will be sent, who it will be sent to, how it will be transferred and where it will be stored.

Will there be a data transfer agreement? Attach the data transfer agreement as supporting documents, if applicable.

Yes

Do you plan to link all or some of the data to another data source (e.g., database)?

Yes

Identify the data source, how the linkage will occur, and provide a list of data fields to be provided from the other database. Also, identify what personal information will be used to link the databases and how confidentiality regarding this shared information will be preserved.

How long will the data be kept and/or the database or registry be maintained?

If the data will be destroyed, indicate the planned method for erasure/destruction of the data. If you intend to destroy the data at the end of the storage period describe how this will be done to ensure confidentiality.

Will the information in the database or registry be retained as, or part of, an ongoing database or registry for future research?

Yes

Please describe the data stewardship plan. Include who will have access to the registry in the future and under what circumstances, what will happen if an individual data custodian leaves the institution, where the ongoing registry will be stored or maintained, and what security measures will be in place.

Describe any potential commercial uses for the data. Please address if there will be participant remuneration for such use.

Community Engagement

Does this project involve a group or community that requires specific considerations?

No

Does this research involve Indigenous peoples, communities, lands, cultural heritage, artefacts, knowledge, or organizations as a central theme to this project?

No

Number of Participants

How many participants will take part in the study?

How many, out of the total number of participants, will be controls? If controls will be recruited at multiple institutions, please list the number of participants per institution.

Please enter any additional comments

Supporting Documentation

Please ensure that all study documents include the document title, eg: Consent Form, the ethics application number, a version number, a full document date (day/month/year), the SFU logo and page numbers.

If you are submitting multiple versions of the same document, eg: Interview Questions for different participant groups, please ensure to include a subheading to describe the participant group. For example, Consent Form (Teachers).

Please ensure the document file names reflect the document type, eg: Consent Form. Do not label them as Appendix A, or with the investigator's name, or the study title, or the ethics application number.

When submitting revised document in response to the initial review, please use track changes to make the edits to your documents, or highlight the amended text.

Please review our [Top Tips](#) document for information on how to submit a valid ethics application.

Please provide approved COI Form

Please provide a copy of all recruitment materials that will be used to engage participants

with the study, including email scripts, phone call scripts, flyers, radio/television scripts, posters, newspaper ads, internet messages, social media posts, letters of initial contact.

Please provide available relevant documentation about the rejection of this study from another REB/IRB.

Please provide copies of the internal or external peer review comments.

Upload the fully executed data transfer agreement, if applicable.

Website (Optional)

If a Web site is part of this study, enter the URL below. Since URL's may change over time or become non-existent, you must also attach a copy of the documentation contained on the web site to this section or provide an explanation.

PI Declaration

Administrative Details Form

Determinations

Review Type

Study Status