# YorkULogoVer(600)York University

**Office of Research Ethics**

# HUMAN PARTICIPANTS REVIEW COMMITTEE (HPRC)

# PROTOCOL INSTRUCTIONS

Who should complete this Protocol Form?

All faculty members (including contract, and seconded) who are conducting funded or un-funded, minimal or more than minimal risk\* research that involves the use of human participants, must complete this Protocol Form. **Students who are conducting funded research, more than minimal risk research, clinical research or Aboriginal research that involves the use of human participants must also complete this form.** This includes all experiments, interviews, and participant observation.

If you are a graduate student conducting research for a thesis or dissertation and your research is non-funded AND minimal risk please consult the FGS website for the appropriate forms and submission procedures.

If you are a graduate or undergraduate student conducting course related research (including an MRP) and your research is non-funded and minimal risk please consult with the office of your Department Chair, Program Director or Program Assistant to discuss the approval process for your research.

*\*The HPRC uses the definition of minimal risk as outlined in the SSHRC/NSERC/CIHR Tri-Council Policy Statement “Ethical Conduct for Research involving Humans” (2014): “If potential subjects can reasonably be expected to regard the probability and magnitude of possible harms implied by participation in the research to be no greater than those encountered by the subject in those aspects of his or her everyday life that relate to the research then the research can be regarded as within the range of minimal risk” (p. 1.5). An expanded version of this definition is available from ORE upon request.*

**How long will the review process take?**

The average time to process minimal risk protocols is approximately twenty working days from the date of receipt in the Office of Research Ethics (ORE). **INCOMPLETE OR ILLEGIBLE PROTOCOLS WILL BE RETURNED TO THE RESEARCHER, WHICH WILL DELAY THE ETHICS REVIEW PROCESS.**

**Online Ethics Review System**

To submit your protocol, please use the [Online Ethics Review System](https://yulink-new.yorku.ca/group/yulink/online-ethics-review-system). Please note that the system is currently only accessible to faculty members and requires a York Passport Account. A signed hardcopy of your application is *not* required if you are submitting your protocol via the online system.

If you *do not* have access to the [Online Ethics Review System](https://yulink-new.yorku.ca/group/yulink/online-ethics-review-system), protocol submissions (with electronic or scanned signatures) may be sent by email to ore@yorku.ca.

**Who can I contact if I have any questions?**

Please contact the Coordinator, Research Ethics Review, Office of Research Ethics at ext. 55201 or (ore@yorku.ca).

**Research Ethics Guidelines:** Please visit our [website](https://yulink-new.yorku.ca/group/yulink/research-documents-forms) for guidelines that speak to a number of ethics review related matters.

# HPRC PROTOCOL DOCUMENT CHECKLIST

Please attach the following items, if applicable, to the HPRC Protocol Application.

**NOTE:** Please ensure ALL fields in this application are filled out. For sections that apply please mark with an “x;” for sections that do not apply, please mark as “n/a.”

1. **Consent documents (Check all that are applicable):**

|  |  |
| --- | --- |
|       | Consent Form |
|       | Substitute Consent Form (Parental/Guardian consent) — required if your research participants are under 16 years of age or without capacity to consent |
|       | Assent Form — required if your research involves substitute consent |
|       | Verbal Consent Script — required if you plan to seek verbal consent for any of the research participants |
|       | On-line Consent Script — required if participants are asked to consent online |
|       | Consent for Audio/Visual/ Taping Form — required if you plan to use audio recording or photographs of participants. This may be included in the regular consent form as an additional check box. |
|       | Decisions Needed From Other REB Boards — required if your research requires ethics approval from an institution other than York University |

1. **External permissions and approvals (if applicable):**

|  |  |
| --- | --- |
|       | External REB approval required – certificate attached |
|       | External institutional permission required – documentation provided |
|       | Internal institutional permission/approval required (eg OIPA) – documentation provided |
|       | Medical directive  |
|       | Clinical Trial - registration |
|       | Clinical Trial – other |
|       | Research Agreement(s) – append all copies |
|       | Data Use Agreements |
|       | Biosafety Permit |
|       | Radiation Safety Approval |

1. **Test Instruments:**

|  |  |
| --- | --- |
|       | Questionnaires and Test Instruments |
|       | Draft interview, focus group questions |

1. **Recruitment:**

|  |  |
| --- | --- |
|  | Recruitment Materials: Posters, Letters, Participant Pool Advertisement, etc. |

1. **Debriefing:**

|  |  |
| --- | --- |
|       | Debriefing Letter/Information – required if your research involves deception (see Section 10, Informed Consent form for details) |
|       | Debriefing Consent Document – required following administration of debriefing statement (if your research involves deception) |

**OTHER:**

|  |  |
| --- | --- |
|       | Aboriginal Research Ethics Checklist  |
|       | Reviewed: Clinical Trial Research Guidelines |
|       | Provenance of Anonymous Data |
|       | Research Team Member Confidentiality Agreement |
|       | Participant Images Informed Consent Addendum |

**HPRC PROTOCOL FORM**

**PART A - GENERAL INFORMATION**

**1. Name of Principal Investigator(s):**

**2. Department and Home Faculty (or Research Centre/Institute):**

|  |  |  |
| --- | --- | --- |
| **Campus Mailing Address:**       | **Extension:**       | **E-mail:**       |

**3. Names of any other persons involved in the data collection:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Role** | **Institution/ Research Centre** |
| a) |       |       |       |
| b) |       |       |       |
| c) |       |       |       |
| d) |       |       |       |
| e) |       |       |       |
| f) |       |       |       |
| g) |       |       |       |
| h) |       |       |       |

**4. Status of Principal Investigator:**

[ ]  York Faculty Member

[ ]  Graduate Student

[ ]  Undergraduate Student

[ ]  Other:

If student, please provide course director’s/ supervisor’s/ advisor’s name:

If external researcher, provide institutional REB approval certificate number:

(Note: External researchers must append a copy of home institution REB approval certificate to this protocol in order for the HPRC to review.)

**5. Title of Research Project:**

**6. Is this research defined as:**

 [ ]  Minimal Risk

 [ ]  More than Minimal Risk

 (Please see (\*) footnote on first page for definition of minimal risk.)

Note: Full board review is required for ALL research that is more than minimal risk. A full board review requires a meeting of the HPRC for the purposes of providing final approval and which, as a consequence, may take longer to review.

**7. If your research involves the use of human tissue/ blood/ body fluid and/or invasive procedures, please refer to the Submission and** [**Ethics Review Guidelines**](https://yulink-new.yorku.ca/group/yulink/research-documents-forms) **for Research Involving Invasive Procedures and/or Collection of Human Bodily Fluids confirm whether Biosafety approval is in place:**

*[ ]* N *- HPRC protocol cannot be reviewed until the Biosafety Permit is in place.*

*[ ]* Y *- Certificate number:*       *(Please append a copy of your approval certificate to your application.)*

*[ ]* Not applicable

For more information on Biosafety please contact the Occupational Health Coordinator and Biosafety Officer (phone: ext. 44745).

**8. If your research involves the use of radioactive materials and/or radiation exposure, please confirm whether Radiation Safety approval is in place:**

*[ ]* N - *HPRC protocol cannot be reviewed until the Radiation approval certificate is in place.*

*[ ]* Y *- Certificate number:*       *(Please append a copy of your approval certificate to your application)*

*[ ]* Not applicable

For more information on Radiation training please contact the Radiation Safety Officer (RSO), Department of Occupational Health and Safety, ext. 44745

**9. a.) Does your research involve Aboriginal/Indigenous Peoples?**

*[ ]* N

*[ ]* Y

**b.) Should your answer require clarification, please describe in the space below why your research may or may not involve Aboriginal/Indigenous peoples:**

**The following questions may assist in determining whether your research involves Aboriginal/Indigenous peoples:**

|  |  |  |
| --- | --- | --- |
| 1. Will the research be conducted on Aboriginal land (Canada; international) for which permission and/or approval from an authority (such as a band council, First Nations Research Ethics Board etc.) may be required?
 | *[ ]* N | *[ ]* Y |
| 1. Will recruitment criteria include Aboriginal identity as either a factor for the entire study or for a subgroup of the study?
 | *[ ]* N | *[ ]* Y |
| 1. Will the research seek input from participants regarding an Aboriginal peoples’ cultural heritage, artefacts, or traditional knowledge?
 | *[ ]* N | *[ ]* Y |
| 1. Will research in which Aboriginal identity or membership in an Aboriginal community be used as a variable for the purpose of analysis of the research data?
 | *[ ]* N | *[ ]* Y |
| 1. Will interpretation of research\*\* results refer to Aboriginal communities, peoples, language, history or culture?
 | *[ ]* N | *[ ]* Y |

(Note: “Research” does not include literary criticism and/or history (excluding oral history) and/or primarily textual activities)

If you have answered ‘Yes’ to any of the above noted questions, then your research involves aboriginal/indigenous peoples. Researchers are required to familiarize themselves with the [Aboriginal Research Ethics Guidelines](https://yulink-new.yorku.ca/group/yulink/research-documents-forms) and complete the [Checklist - Research Involving Aboriginal people](https://yulink-new.yorku.ca/group/yulink/research-documents-forms). Note that research involving aboriginal people will first be reviewed by the Aboriginal Research Ethics Advisory Group prior to being forward to the HPRC. Researchers may receive initial comments from the AREAG for which a response will be required.

**10. Clinical Trials: Additional regulatory requirements and/or registration requirements may be required for research defined as a clinical trial. Failure to obtain applicable regulatory approvals or registrations may impact the conduct of research and/or the ability to publish results. Researchers are responsible for ensuring that they are compliant with all relevant regulatory requirements and registrations as they speak to the conduct of clinical trials.**

 **A clinical trial is defined as:**

“…any investigation involving participants that evaluates the effects of one or more health-related interventions on health outcomes. Interventions include, but are not restricted to, drugs, radiopharmaceuticals, cells and other biological products, surgical procedures, radiologic procedures, devices, genetic therapies, natural health products, process-of-care changes, preventive care, manual therapies and psychotherapies. Clinical trials may also include questions that are not directly related to therapeutic goals – for example, drug metabolism – in addition to those that directly evaluate the treatment of participants.(TCPS, 2nd edition, 2014).”

1. **Is your research defined as a clinical trial?** [ ]  N [ ]  Y

If ‘Yes:’

1. Have you registered your trial? [ ]  N [ ]  Y
2. Please provide the registration number and location:
3. **Does your research require Regulatory Approval?** (e.g. Health Canada or US FDA)

[ ]  N [ ]  Y

If ‘Yes:’

1. Please provide confirmation of Regulatory Approval:

**NOTE: Protocols that include clinical trial research** will be accepted for review by the HPRC; however, only **a conditional approval will be granted** until such time as necessary regulatory approval and/or registration has been obtained (where and when applicable)

**11. Is this a revised version of a protocol previously reviewed by the HPRC?**

[ ]  N

[ ]  Y

If ‘Yes,’ please explain:

**12. Approximate dates for proposed study:**

|  |  |
| --- | --- |
| **Start:**       | **End:**       |

**13. Is any anticipated funding for this project from internal (i.e., York University) sources?**

[ ]  N

[ ]  Y

If ‘Yes,’ what is the funding source?

**14. Is any anticipated funding for this project from any external (i.e., outside York) sources?**

[ ]  N

[ ]  Y

If ‘Yes,’ what is the funding agency and/or program?

**15. Does this research involve another institution? Research involving another institution (such as a school, university, business, government agency) may require additional ethics review and approval or permissions if using institutional resources (such as internal listservs, or conducting interviews on the premises of the institution).**

[ ]  N

[ ]  Y

**NOTE:** If the research is to be conducted at a site requiring ethics approval or administrative permission, please include all draft informed consent forms/administrative permission requests. It is the responsibility of the researcher to determine what other means of clearance are required, and to obtain clearance prior to starting the project.

**If ‘Yes’, please complete the following:**

|  |  |  |
| --- | --- | --- |
| 1. Does the research involve another institution or site?

*If ‘Yes,’ specify the institution(s)/site(s):*       | [ ]  N | [ ]  Y |
| 1. Do any of the institution(s)/site(s) require administrative permission?

*If ‘Yes,’ specify the institution(s)/site(s) and provide a copy of the letter of permission:*       | [ ]  N | [ ]  Y |
| 1. Has any other REB cleared this project?

*If ‘Yes,’ please submit the original application and provide a copy of the clearance letter.* | [ ]  N | [ ]  Y |

**PART B - RESEARCH INFORMATION**

1. **PROJECT DESCRIPTION**

**In layperson’s terms, please provide a general and brief description of the research (e.g., hypotheses, goals and objectives, etc.).**

1. **PARTICIPANTS**
2. **State who the participant(s) will be:** Describe the participants that will be recruited and about whom personal information will be collected (i.e., numbers, age, special characteristics, etc.). Describe the size of the group from which participants will be recruited and the estimated number needed for the research (minimum/maximum). Where active recruitment is required, please describe inclusion and exclusion criteria. Where the research involves extraction or collection of personal information, please describe from whom the information will be obtained and what it will include (*include permission letters*).

1. Please indicate if this study will be using a participant pool [ ]  Y [ ]  N

 If ‘Yes’, please indicate which pool(s):

 [ ]  URPP

[ ]  Schulich Marketing pool

[ ]  School of Administrative Studies participant pool

[ ]  KURE

[ ]  Glendon Participant Pool

[ ]  Other:

1. **RECRUITMENT**
2. **How will participants be recruited (e.g., snowball technique, random sampling, previously known to interviewer, telephone solicitation, etc.)?**
3. **Will you be using any advertisements, flyers, posters, email scripts, social media postings, etc. for recruitment purpose?**

[ ]  N

[ ]  Y - *If ‘Yes,’ please attach a copy of each with your application.*

1. **INDUCEMENTS:**
2. **Will you be offering inducements to participate (e.g., money, gift certificates, academic credit, etc.)?**

[ ]  N

[ ]  Y - *If ‘Yes,’ please check all that apply:*

[ ]  Financial

 [ ]  In-kind

 [ ]  Draw

 [ ]  Participant Pool Bonus Points

 [ ]  Other:

1. **If compensation is provided, please provide the source of funding for the compensation/incentive:**

1. **METHODS:**
2. **Please indicate all the research methods that apply:**

[ ]  Action Research [ ]  Ethnography

[ ]  Observation [ ]  Survey

[ ]  Documentary/Filmmaking [ ]  Focus Group

[ ]  Experimental Lab Study [ ]  Interview

[ ]  Oral/Life History [ ]  Human Tissues

[ ]  Experimental Behavioural Study [ ]  Online Research

[ ]  Other:

1. **Do any of the methods involve:**

Audio Recording? [ ]  N [ ]  Y

Still Recording? [ ]  N [ ]  Y

Video Recording? [ ]  N [ ]  Y

Please note that explicit consent is required to use these methods of recording. Please see Section 10, “Informed Consent” for details.

1. If you are using recordings, please account for how they will be safely stored, eventually destroyed or archived, and how, if used in research dissemination, confidentiality will be maintained:
2. **What will be required of the participant(s).** Clearly specify in a **step-by-step** outline exactly what the participant(s) will be asked to do in each methodology. **A separate outline is required for each methodology.** Include the settings, types of information to be involved, and how data will be analyzed. Include details about identifying participants, recruitment, procedures participants will undertake, etc. **Include copies of study instruments. Please also include the estimated time commitment required of participants for each method.**

1. **What is the experience of the researcher/research team with this kind of research?** Please provide a description of the individual team members’ experience with the proposed methods, participant population, etc.

**6. RISK:**

Please indicate potential risks that the participants as individuals or as part of an identifiable group or community might experience by being part of this research project *(NOTE: Checking ‘Minimal’ indicates that the risk associated with the method meets the definition of minimal risk as set out in the TCPS-2)*:

**[ ]  No known/anticipated risks**

**[ ]  Y – If ‘Yes,’ please complete the following:**

|  |  |  |
| --- | --- | --- |
| 1. Physical risks (including any bodily contact; administration of any substance)?
 | [ ]  N | [ ]  Y |
| 1. Psychological/emotional risks (feeling uncomfortable, embarrassed, anxious, upset)?
 | [ ]  N | [ ]  Y |
| 1. Social risks (including possible loss of status, privacy and/or reputation)?
 | [ ]  N | [ ]  Y |
| 1. Data security (i.e., risk to participant from data exposure)?
 | [ ]  N | [ ]  Y |
| 1. Tied to deception involved in the study? (See DEBRIEFING section below)
 | [ ]  N | [ ]  Y |
| 1. OTHER:
 |

 **Please describe how each of the potential risks described above will be managed and/or minimized:**

**7. BENEFITS**

**What, if any, are the benefits to the participants? Or,** **[ ]  No benefits**

1. Discuss any potential direct benefits to the participants from their involvement in the project; these might include education about research methods, useful knowledge gained about self, etc.

1. Comment on the (potential) benefits to the scientific/scholarly community or society that would justify involvement of participants in this study.

**8. SECONDARY ANALYSIS OF DATA:**

NOTE: Secondary Data Analysis is described as the analysis of data collected for a purpose other than that for which it was originally collected in order to pursue a research interest which is distinct from that of the original work. Researchers are advised to review the “[Secondary Data Analysis Guidelines](https://yulink-new.yorku.ca/group/yulink/research-documents-forms)” for further information on requirements related to use of secondary data for research purposes.

1. **Are you conducting secondary data analysis?**

**[ ]  N – If ‘No,’ please go to Question 9**

**[ ]  Y**

 **If ‘Yes,’ please** answer the following questions:

1. Are you using **Anonymous Data**? (data which never included personal identifiers)

[ ]  N

[ ]  Y - If ‘Yes,’ please provide a description of the provenance of the data set:

**NOTE:** Research that relies **solely** on secondary analysis of anonymous data is exempt from ethics review.

1. Are you using **Anonymized data**? (Data which has been stripped of personal identifiers; no potential for data linkage.)

[ ]  N

[ ]  Y - If ‘Yes,’ please provide a description of the provenance of the data set:

1. Are you using **Identifiable data**?

[ ]  N

[ ]  Y - If ‘Yes,’ please provide a description of the provenance of the data set:

1. **If you are conducting secondary analysis using IDENTIFIABLE DATA, please address the following:**
2. Do you plan to link this identifiable data to other data sets?

[ ]  N

[ ]  Y - If ‘Yes,’ please describe:

1. What type of identifiable data from this data set are you planning to access and use?

[ ]  Student records (please specify in the space below)

[ ]  Health records/clinic/office files (please specify in the space below):

[ ]  Other personal records. Please specify:

1. What personally identifiable data (e.g., name, student number, telephone number, date of birth, etc.) from this data set do you plan on using in your research? Also, please explain why you need to collect this identifiable data and justify why each item is required to conduct your research.

1. Describe the details of any agreement you have, or will have, in place with the owner of this data to allow you to use these data for your research. ***(You must submit a copy of any data use/access agreements.)***

1. When participants first contributed their data to this data set, were there any known preferences expressed by participants at that time about how their information would be used in the future?

[ ]  N

[ ]  Y - If ‘Yes,’ please explain:

1. How will you obtain consent from the participants whose identifiable data you will be accessing?

Please explain:

**NOTE:** Consent of participants is required for research involving secondary analysis of data that includes personal identifiers. Waiver of consent may only be considered if researchers meet the additional criteria. Please consult the [Secondary Data Analysis guidelines](https://yulink-new.yorku.ca/group/yulink/research-documents-forms) for further information.

1. If you do *not* intend to seek consent of participants for use of identifiable data for secondary analysis, please provide a rationale as to why:

**9. CONFLICT OF INTEREST:**

1. **Is there a possibility of an apparent, actual or potential conflict of interest on the part of researchers, the University or sponsors? (e.g. commercialization of research findings; self-funded research)**

[ ]  N

[ ]  Y - *If ‘Yes,’ please elaborate and outline how the potential or real conflict of interest will be addressed*:

1. **Do any members of the research team have multiple roles with potential participants (such as researcher and therapist, researcher and teacher, student/supervisor, etc.)**

[ ]  N

[ ]  Y **-** If ‘Yes,’ please review  [Research Involving Investigators’ Students](https://yulink-new.yorku.ca/group/yulink/research-documents-forms)

1. Describe the nature of the multiple roles between researcher(s) and any participants:

1. Describe how the potential conflict of interest that will emerge as a result of the dual roles will be minimized or managed:

1. **Are there any restrictions regarding access to or disclosure of information/results/data at any point during the study including completion that the funder/sponsor has placed on the researchers.** (These include controls placed by sponsors, funding sources, advisory or steering committees.) If ‘Yes,’ please describe:

**10. INFORMED CONSENT**

1. **Is there a relationship between participants and either of the following:**

Person obtaining consent: [ ]  N [ ]  Y

Investigator(s): [ ]  N [ ]  Y

*If ‘Yes,’ what steps will be taken to avoid the perception of undue influence in obtaining free and informed consent:*

1. **Ongoing consent is required if the research occurs over multiple occasions or over an extended period of time.**

**Does the research occur over multiple occasions and/or over an extended period of time?**

[ ]  N

[ ]  Y

*If ‘Yes,’ please describe the process of how you intend to obtain ongoing consent:*

1. **Is substitute consent involved (e.g., children, youths under 16, those without capacity to consent)?**

[ ]  N

[ ]  Y

*If ‘Yes,’ please elaborate on how consent and assent will be obtained (an assent form/ script must also be provided):*

1. **Is Deception involved? Specifically, do you intend to withhold any information from and/or intentionally mislead the research participants?**

[ ]  N – Please go to Question E

[ ]  Y

**If ‘Yes:’**

1. **Please provide a description of the nature of the deception and whether it is full or partial:**

**Please provide a rationale as to why deception (in whole or part) is required:**

1. **Please append a copy of the debriefing statement.**

*The debriefing statement needs to explain three elements:*

1. *Why the experiment was developed and why the deception was necessary.*
2. *What the current research says about the topic, which includes providing two references (text, article, on-line reference) that the participants can reasonably access and understand (if you have an academic and non-academic population, you may need to provide more than one version of the debriefing statement or make sure that the references can be accessed by the least educated of the population).*
3. *Any additional resources that would be useful for the participant. Resources need to be appropriate and accessible for the participants. For example, if you are conducting a study on parenting, you could include community resources for parenting classes or recommendations for parenting guides. (Source: Univ. Virginia, IRB).*

Researchers must re-obtain consent from the participants once the debriefing statement has been provided. Participants shall be provided with and sign the “[Debriefing Consent Form](https://yulink-new.yorku.ca/group/yulink/research-documents-forms).”

1. **If a debriefing statement will not be provided to the participants, please provide a rationale as to why a statement will not be provided:**

1. **For studies that are not deceptive**, briefly describe the process and nature of any immediate post-study information that will be provided to participants and the rationale for providing this information (e.g., counseling or trauma resources, information links, etc.):

1. **How will informed consent be obtained? (Please check all that are applicable):**

[ ]  Informed Consent Form (please attach draft version) (and assent form if relevant)

[ ]  Verbally\* (please attach draft approximation of what participants will be verbally told)

[ ]  Online Consent Form\*\* (please attach draft version)

***\*If informed consent is being obtained verbally, please provide a rationale regarding why a written informed consent form is not being used:***

***\*\*If online consent is being obtained, please indicate the website where the questionnaire/ survey will be hosted:***

1. **DATA SECURITY:**

Privacy refers to an individual’s right to be free from intrusion or interference by others. It is a fundamental right in a free and democratic society. The ethical duty of confidentiality refers to the obligation of an individual or organization to safeguard entrusted information. Security refers to measures used to protect information. It includes physical, administrative and technical safeguards.

For a fuller description of researcher obligations surrounding confidentiality, privacy and data security issues, please consult the[Data Security Guidelines for Research Involving Human Participants.](https://yulink-new.yorku.ca/group/yulink/research-documents-forms%22%20%5Ct%20%22_blank)

In light of the above, please address the following questions:

1. **Will the data be treated as confidential?** [ ]  N [ ]  Y

 If ‘No,’ please provide a rationale as to why not:

1. **Will the participant(s) be anonymous?** [ ]  N [ ]  Y

 If ‘No,’ please provide a rationale:

1. **Describe the procedures to be used to ensure anonymity/confidentiality of participants or informants (where applicable) -or- the confidentiality of data during the conduct of research and dissemination of results.**

1. **Explain how written records, video/audio recordings, artefacts, and questionnaires will be secured, how long they will be retained, and provide details of their final disposal or storage. Describe the standard data security procedures for your discipline and provide a justification if you intend to store your data for a longer period of time. If the data may have archival value, discuss this and whether participants will be informed of this possibility during the consent process.**

1. **Please describe how you plan to store hard copy data, i.e., consent forms and other written records.**

 [ ]  Locked filing cabinet

 [ ]  Other:

1. **Please describe how you plan to store electronic data (such as video/audio recordings and document files)**

[ ]  Encrypted and/or password-protected USB keys, laptops and/or other portable electronic data devices

[ ]  Secure Server

[ ]  Other:

1. **Please describe how you plan to store other formats of data (if applicable):**

1. **If you plan to destroy research data:**
	1. Please provide a firm date by which the data will be destroyed:

* 1. Provide details of their final disposal:
		1. for hard copy data (e.g., cross-cut shredder, etc.):

* + 1. for electronic data (e.g., deletion and overwriting of drives; destruction of drives; etc.):

1. **If you plan to retain data indefinitely, please provide a justification (e.g., data use for future research):**

1. **Describe any limitations to protecting the confidentiality of participants whether due to the law, the methods used, the nature of the sample population, or other reasons (e.g., duty to report).**

1. **Identify all parties who will have access to the data.**

[ ]  Primary Investigator/student

[ ]  Supervisor

[ ]  Other (please specify):

1. **Uses of the data: Please describe all forms of output that are anticipated to result from this research (e.g., presentations, written papers, placing data in an archive, creative works, documentary films, etc.). Describe how any potentially identifying information will be handled in each form of output.**

1. **Subsequent use of data: Will the data potentially be used for other purposes in the future (e.g., teaching, future analysis, publishing of dataset, archiving in an institutional repository, etc.)?**
[ ]  N [ ]  Y

*If ‘No,’ the data will be solely used for the purposes describe in this application and will not be used for other purposes in the future.*

If ‘Yes,’ *participants must be informed of this possibility during the consent process. Subsequent use of the data for new purposes may require additional review by the REB.*

1. **Please describe how the data will be prepared to make it suitable for future use (e.g., anonymization, storage, archiving, etc.). Please describe what future uses might occur (e.g., use within the PIs research group, transmission to other researchers, publication of the dataset, etc.). Please identify any known repositories to which data may be submitted. (The REB recognizes that all potential future uses cannot be anticipated; but does expect that data will be prepared in a manner for future uses that respects the conditions under which the data were originally collected).**

1. **Is there any additional information that you would like to add that may assist the HPRC in reviewing your protocol?**

I have examined the guidelines and principles detailed above, and the [*Senate Policy for Research Involving Human Participants*](http://secretariat-policies.info.yorku.ca/), and affirm that, to the best of my knowledge, this research conforms thereto. I affirm that I have informed all members of my research team of their responsibilities as it speaks to the conduct of research involving human participants and as outlined in the Senate Policy, “Research Involving Human Participants”. I have advised all research team members that all human participants in the research must have signed a written consent form or have provided oral consent for their participation in the research. I hereby undertake to notify the Human Participants Review Committee if I make any changes involving the use of human participants on this project. I will also notify the Human Participants Review Committee if any unforeseen risks not specified in the research proposal appear. In such a case, the study will be suspended pending clarification.

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Signature of Principal Investigator (PI) Date

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Signature of Faculty Advisor (if PI is a student) Date

**Section to insert Digital Signatures (if applicable):**



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Signature of Principal Investigator (PI) Date



--------------------------------------------------------------------------- ---------------------------------------------Electronic Signature of Faculty Advisor (if PI is a student) Date