

**REB Request for Ethics Clearance for  
 Research Based on Secondary Use  
 of Data**

Prior to embarking on any research that involves the use of secondary data researchers must familiarize themselves with the TCPS 2 polices outlining what is acceptable secondary use of data (Chapter 5 Section D, Articles 5.5 and 5.6).

Note: If documents used are all publicly available (such as newspapers, literary reviews, public policies, etc., you will not need the REB approval or the consent of participants).

**Original Information:** *Information regarding the approved protocol from which data was collected.*

|                                           |  |
|-------------------------------------------|--|
| <b>ORIGINAL INVESTIGATOR</b>              |  |
| <b>INSTITUTION AND DEPARTMENT</b>         |  |
| <b>EMAIL</b>                              |  |
| <b>FACULTY SUPERVISOR (If applicable)</b> |  |
| <b>DEPARTMENT</b>                         |  |
| <b>EMAIL</b>                              |  |
| <b>PHONE EXT.</b>                         |  |
| <b>FILE #</b>                             |  |
| <b>PROJECT TITLE</b>                      |  |
| <b>ORIGINAL ACCEPTANCE</b>                |  |
| <b>ANTICIPATED CLOSING DATE</b>           |  |

**New Protocol Information:**

|                                           |  |
|-------------------------------------------|--|
| <b>PRINCIPAL INVESTIGATOR</b>             |  |
| <b>INSTITUTION AND DEPARTMENT</b>         |  |
| <b>EMAIL</b>                              |  |
| <b>FACULTY SUPERVISOR (If applicable)</b> |  |
| <b>DEPARTMENT</b>                         |  |
| <b>EMAIL</b>                              |  |
| <b>PHONE EXT.</b>                         |  |
| <b>FILE #</b>                             |  |
| <b>PROJECT TITLE</b>                      |  |
| <b>ANTICIPATED CLOSING DATE</b>           |  |

## Protocol Information

### Level of Project (please check those which apply):

- Faculty Research
  - Ongoing Track of Research
  - Independent Study
  
- Graduate Course (specify course) 
  - Master's Thesis / Project
  - DMin Thesis / Project
  - Course Assignment
  
- Undergraduate Course (specify course) 
  - Thesis
  - Course Assignment
  - Course Assignment
  
- Administration (specify department)
  
- Other (please specify)

### Funding Status:

|                                                                                                                                             |                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Is this project currently funded? <b>Yes</b> <input type="checkbox"/>                                                                       | <b>No</b> <input type="checkbox"/>                                                                             |
| If <b>Yes</b> , please provide the name of the following:<br>Funding Sponsor:                                                               | If <b>No</b> , is funding being sought? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| Title of Grant:                                                                                                                             | Funding Sponsor:                                                                                               |
| Period of Funding                                                                                                                           | Period of Funding:                                                                                             |
| <b>Have you submitted a copy of the application for funding to the REB? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |                                                                                                                |

**Please attach a copy of the contract/application.**

**Has this application been submitted to another institution's REB? Yes**  **No**

If **Yes**, provide the name of the Principal Investigator, Institution, date of ethics review and the decision. Attach a copy of the ethics clearance certificate, if applicable.

## Summary of Proposed Research

In lay language, (100-250 words) briefly describe the purpose (objectives) and rationale of the proposed project and include any hypothesis(es)/research questions to be investigated. Please **do not include** a copy of your research proposal.

## Research Participants

Describe the individuals from which the data has been previously collected. Be as specific as possible by indicating the number of individuals, their status, their age, their characteristics, etc. Describe any special characteristics that were the basis for inclusion or exclusion of participants. **(Note: If data intended does not permit the identification of any individual, please indicate).**

Describe the conditions under which the data was collected initially and the reasons why it was collected.

Please attach a copy of the consent form from which the data was originally collected. Evaluate and comment on the degree of expectation the participants had that their data would be kept confidential and would not be used for other purposes.

## Free and Informed Consent

Indicate from which organization or institution data is obtained. **(Please attach the letter of approval from that organization concerning the use of data they collected.)**

Indicate, if applicable, how you will obtain free and informed consent of research participants. **(It is possible, in some cases that the consent of participants (or the above-mentioned organization or institution) must be obtained. This becomes necessary when data can be linked to individuals, and is critical when the possibility exists that individuals can be identified in the published reports. See Tri-Council Policy Statement Chapter 5, Section D, Use of Data)**

**Please submit the consent form or information sheet to be given to the research participants (If applicable).**

## Proportionality of Harms and Benefits

Indicate whether the methods used in the previous research involved the risk of causing harm or inconvenience to the research participants. Describe the nature of such harms or the potential consequences on any physical, psychological or social aspect associated with each procedure in the research or the methods used.

Evaluate the level of physical or emotional harms or discomfort the current research could create for the research participants. (None, low, moderate or high) Indicate the measures you have taken to minimize such harms.

Justify the potential harms by describing the anticipated benefits of the research (for general knowledge and for the research participants), and the way these benefits will be maximized.

## Anonymity of Participants, Confidentiality of Data and Secondary Use of Data

1. Explain the procedures to be used to ensure anonymity of participants (if applicable).

2. Explain the procedures to be used to ensure the confidentiality of data both during the research and in the release of the findings.

3. Describe the procedures for securing written records, questionnaires, video/audio tapes and electronic data, etc.

4. Indicate how long the data will be securely stored and the method to be used for final disposal of the data.

- Paper Records
  - Confidential shredding after \_\_\_\_\_ years
  - Data will be retained indefinitely in a secure location
  
- Audio/Video Recordings
  - Erasing of audio/video tapes after \_\_\_\_\_ years
  - Data will be retained indefinitely in a secure location
  
- Electronic Data
  - Secure destruction of electronic data after \_\_\_\_\_ years
  - Data will be retained indefinitely in a secure location
  
- Other (Provide details on type, retention period and final disposition, if applicable)

5. Are there conditions under which anonymity of participants or confidentiality of data cannot be guaranteed? Yes  No

If Yes, please provide details.

## 6. Secondary Use of Data

Is it your intention to allow the study and data to be reanalyzed by colleagues, students or other researchers? Yes  No

If yes, how will you allow your participants the opportunity to choose to participate in a study where their data could be distributed to others?

Is it your intention to re-analyze the data for purposes other than those described in this application? Yes  No

If yes, how will you contact participants to obtain their re-consent?

## Documents Guidelines Checklist

|                              |                              |                                                                                                                                                                                                |
|------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Completed and signed peer review form from a researcher competent to comment on the scholarly merit of the proposed research                                                                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Letter of approval for research from cooperating organizations or institutions                                                                                                                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Verbal script or letter providing information to potential participants about the study (c.f. <i>Section F: Informed Consent Process</i> )                                                     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Verbal script or document for obtaining informed consent (c.f. <i>Section F: Informed Consent Process</i> )                                                                                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Substitute decision-maker consent form (for minors and adults who are not capable of giving informed consent)                                                                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Non-disclosure form                                                                                                                                                                            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Data management agreement                                                                                                                                                                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | If you refer to a previously approved protocol, please attach a copy of the original application and approval letter. <i>It is the researcher's responsibility to provide this information</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Other (e.g., draft of debriefing letter)                                                                                                                                                       |

| Faculty Supervisor (If applicable) | Department | Ext. | Email Address |
|------------------------------------|------------|------|---------------|
|                                    |            |      |               |

I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human participants are protected. I agree to request renewal for any project continuing more than one year. I will ensure that a final report is submitted to the Chair of the Research Ethics Board. I have read and approved the application and proposal, and deem the project to be valid and worthwhile.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>Principal Investigator or Student Investigator</b> | <b>Dept.</b> | <b>Employee or Student #</b> | <b>Phone</b> | <b>Email Address</b> |
|-------------------------------------------------------|--------------|------------------------------|--------------|----------------------|
|                                                       |              |                              |              |                      |
| <b>Co-Principal Investigators/ Co-Investigators</b>   | <b>Dept.</b> | <b>Employee or Student #</b> | <b>Phone</b> | <b>Email Address</b> |
|                                                       |              |                              |              |                      |
|                                                       |              |                              |              |                      |
|                                                       |              |                              |              |                      |

I have read the Tyndale University College & Seminary Research Ethics Policy pertaining to research involving human participants and agree to comply with the policies and procedures outlined therein. I will report any adverse outcomes to the Research Ethics Board. Additions to or changes in research procedures after the project has been approved will be submitted to the Research Ethics Board for review. I agree to request renewal for any project continuing more than one year. I will submit a final report to the Chair of the Research Ethics Board once the research has been completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This request for access to secondary use of data involving human participants has been reviewed and received ethics clearance.

\_\_\_\_\_  
Chair, Research Ethics Board

\_\_\_\_\_  
Date