**REB Initial Application Submission Checklist**

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| REB Applications must be submitted to the Research Ethics Office via email at [reb@hrh.ca](mailto:reb@hrh.ca) by 12:00pm on the day of the submission deadline. Submission deadlines and meeting dates are posted on the [Research Ethics Board webpage](https://www.hrh.ca/research-ethics-board/).  Please include a completed initial application submission checklist and all applicable documents with your REB submission. Please note that if your submission is incomplete, it will be returned to you with a request for missing documents.  General instructions:   * The Principal Investigator must be an HRH affiliated staff member. * All study documents should be stand-alone documents with page numbers and version dates in the footer. * Templates and forms are available on the [Research Ethics Board webpage](https://www.hrh.ca/research-ethics-board/). |

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| **Full Study Title:** |  |
| **HRH Principal Investigator** |  |

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| **Included** | **Pending** | **N/a** | **Enclosed documents** |
|  |  |  | **HRH Institutional Approval (IA)**, including the Research Impact Assessment Form (for information on the IA process, please visit the [Research Office webpage](https://www.hrh.ca/who-we-are/research/)). |
|  |  |  | **HRH Application** **Form** with signatures |
|  |  |  | **Study Protocol** |
|  |  |  | **Itemized Budget** (including per participant cost breakdown) |
|  |  |  | **Informed Consent Form(s)** (ICFs) (ICFs templates are available on the [Research Ethics Board webpage](https://www.hrh.ca/research-ethics-board/)) |
|  |  |  | **Participant Documents (documents that will be given to, read to, or seen by participants)**  (e.g. questionnaire/survey, information sheets, diary, advertisement, interview guide, focus group guide, telephone script, etc…).  **List Documents (include version date: DD-MMM-YYYY):** |
|  |  |  | **Other** (e.g., Data Collection Form(s), DSMB Charter, etc…)  **List ALL Other Documents to Be Submitted to REB:** |
|  |  |  | **Product monograph(s) or Investigator’s Brochure (IB) or Medical Device Instructions** |
|  |  |  | **Clinical Trials Registration** |
|  |  |  | **Health Canada No Objection Letter (NOL), Investigational Testing Authorization (ITA), Notice of Authorization (NOA)** |

Please ensure all study documents contain:

a **document** **title** (e.g., “Data collection form”)

the **study title**

a full **version date (dd-mm-yyyy)**

**page numbers** (page X of Y)

*suggested:* **file names** should contain **document type and version date** (e.g., “Data collection form 2024\_10\_12”)