Guidance Document HREB Clinical Trial Application Part A

General Information

Tabs that include 'Part A' should be completed by the Sponsor/Sponsor Designate.

Tabs that include 'Part B' should be completed by the Site Investigator.

If using data previously collected for another purpose (i.e. secondary use of data), please include under the Attachments tab the "Variable list" (signed by the data custodian) which describes the information sought.

Please note: the term "data" referenced within this application includes blood and/or other biological samples

Tab 1: Drug/Device Information, Timeline and Setting (Part A)

1.1: Protocol Number:

This is the number (typically alphanumeric or numeric) that identifies a clinical trial. This number is typically attached to actual protocol document or is available from the Sponsor (if applicable). If your clinical trial is not industry sponsored or does not have a designated protocol number you may insert N/A (not applicable) in this space.

1.2: Date of Protocol:

This is the version date of the protocol. This number is typically attached to protocol document or is available from the Sponsor (if applicable). If your clinical trial is not industry sponsored or does not have a designated protocol date you may insert a self-composed date for the protocol you are submitting for HREB review. Please ensure this matches the protocol Version Date under the attachments tab.

1.3: Is this an extension study to a previously approved protocol for a clinical trial?

1. Yes (complete Q 1.4) - Choose 'Yes' if the clinical trial you are submitting is an extension of a clinical trial which has/ had local HREB approval.

2. No – Choose 'No' if the clinical trial you are submitting is not an extension of a clinical trial which already has/had local HREB approval.

- o Yes (please complete question 1.4)
- o No

1.4: Please provide the HREB Reference Number or Protocol Number for the parent study(ies):

This section is only completed if you respond 'Yes' to Q 1.3. Please provide the HREB number (XXXX.XXX); the Researcher Portal number (XXXXXXXX) or the protocol number of the parent study.

1.5: Clinical Trial Registration Number:

All clinical trials must be registered in a recognized and easily web-accessible public registry that is compliant with the criteria set by the World Health Organization (WHO) or International Committee of Medical Journal Editors

(ICMJE) as of November 2010 (Article 11.10 TCPS2), such as the registration number assigned by clinicaltrials.gov. You may submit your clinical trial application while registration is pending; however, approval will not be granted until the registration number is received.

1.6: Clinical Trial Registration Registry:

Please provide the name of the public registry where this clinical trial is registered, such as clinicaltrials.gov.

1.7: Generic name of drugs to be tested in this study:

This section should include the generic name of the drug being tested in the study. If this is not applicable, you may insert N/A.

1.8: Brand name of drugs to be tested in this study:

This section should include the brand name of the drug being tested in the study. If this is not applicable, you may insert N/A.

1.9: Where will the study sites be located?

You will be provided with two (2) choices (pick one). If there are Canadian study sites and international study sites, please choose 'International'.

- ☐ Canada only
- ☐ International

1.10: Check primary data sources:

- o Patients
- o Health Providers
- o General Public
- o Not Applicable

1.11: Check secondary data sources:

To access data held by a data custodian, please provide the "Variable List" (signed by the data custodian) for HREB review. The "Variable List" template is available for download under the "Attachments" tab of the application.

- o Health Records
- o Pre-existing dataset
- o Archived blood and/or other biological samples
- o Discarded blood and/ or other biological samples

1.12: Please specify the data source:

Please provide details of the secondary data sources selected in response to question 1.11 and upload the "Variable list" (signed by the data custodian) under the "Attachments" tab."

1.13: Please give name(s) and location(s) of the data custodian(s) for all secondary data sources.

1.14: Time period (month, year) of records/secondary sources/blood and/or other biological samples to be accessed:

Please indicate the time frame for the records/secondary sources/blood and/or other biological samples that you are accessing. For example, records from Jan 2017 – Dec 2018.

1.15: Proposed number of charts/records/blood and/or other biological samples to be accessed.

1.16: What type of information is being requested from the data source(s) identified in questions 1.10 and/or 1.11

Directly identifying information – the information identifies a specific individual through direct identifiers (e.g., name, social insurance number, personal health number).

Indirectly identifying information – the information can reasonably be expected to identify an individual through a combination of indirect identifiers (e.g., date of birth, place of residence or unique personal characteristic).

Coded information - direct identifiers are removed from the information and replaced with a code. Depending on access to the code, it may be possible to re-identify specific participants (e.g., the principal investigator retains a list that links the participants' code names with their actual names so data can be re-linked if necessary).

Anonymized information - the information is irrevocably stripped of direct identifiers, a code is not kept to allow future re-linkage, and risk of re-identification of individuals from remaining indirect identifiers is low or very low.

- Directly Identifiable
- Indirectly Identifiable
- Coded (de-identified)
- Anonymized
- Anonymous

Tab 2: Invoicing Information (Part A)

The information provided will be used for invoicing by the Health Research Ethics Authority for industry sponsored research. By completing below, you understand and agree that payment is due upon review by the HREB for services rendered and is not contingent upon securing approval by the HREB or executing a contract with the PI and/or Institution. Payment is expected within 60 days of the invoice date. To Note: If a Sponsor has outstanding review fees, any subsequent applications WILL NOT be reviewed by the HREB until full payment is received.

2.1: Is this project industry sponsored and subject to a review fee?

All industry sponsored research projects submitted to the HREB are subject to a review fee. For further information on review fees, please refer to the HREA website. A link to this can be found under 'Useful Links' on the Researcher Portal Homepage.

☐ Yes (Please complete and attach the 'HREA Invoice for Industry Sponsored Research'.)

☐ No (Please skip questions 2.2 - 2.10)

2.2: Forward Invoice to:

☐ Site

☐ Sponsor/CRO

2.3: Company to be Invoiced:

Please provide the name of the Sponsor/CRO responsible for paying the invoice.

2.4: Complete Mailing Address:

Please provide the complete mailing address for the person responsible for paying the invoice.

2.5: Email Address:

Please provide the e-mail address for the person responsible for paying the invoice.

2.6: Contact Name:

Please provide the contact name of the person responsible for paying the invoice.

2.7: Telephone Number:

Please provide a telephone number for the person responsible for paying the invoice.

2.8: Name of Sponsor:

2.9: Protocol Number (if applicable):

2.10: Date of Protocol (if applicable):

Tab 3: Objectives (Part A)

3.1: Provide a numbered list of the research objectives of the study in plain language starting with the primary objective:

Please include **all** study objectives, using plain language when possible.

3.2: Provide an introduction to the study including rationale for study and a brief summary of previous work in this area:

- In language that can be understood by non-experts and community members, please provide the rationale to explain why this study is important.
- Give a brief summary of previous work which provides the background to the study. All references should be included in the attached research protocol and should not be added to application.
- Please provide the full wording for all acronyms and abbreviations, the first time they are used in the application.

Tab 4: Blood and other biological samples (Part A)

4.1: Does your study involve blood and/or other biological samples?

Please select 'Yes' if:

- your study involves the collection of any blood and/or other biological samples for the purposes of this study
  OR
- archived blood/ biological samples are being accessed and used for this study

Please select 'No' if your study does not involve the access to or collection of any blood and/or other biological samples.

- ☐ Yes
- ☐ No (please skip questions 4.2 - 4.12)

4.2: List the blood and/or other biological samples, to be used in the study, the frequency of sampling and the amount of sample:

1. Explain which blood and/or other biological samples are mandatory for the clinical trial and which blood and/or other biological samples are optional (if applicable).
2. Please describe what blood and/or other biological samples will be taken, how often, and in what amounts, e.g. "xx ml of blood (xx teaspoons) will be taken over 'x' visits during the 'x' month study.
3. Please do not list every test being performed. Summarize tests when possible. For example, 'Routine safety bloodwork including chemistry, CBC, liver function tests'.
4. Is testing performed in local lab or central lab?
5. If archived blood and/or other biological samples are being accessed, please attach the "**Variable List**" (signed by the data custodian) under the "Attachments" tab of the application.

4.3: Will any blood and/or other biological samples be sent outside the province?

Please select '**Yes**' If any of the blood and/or other biological samples are going to be sent/shipped outside the province of Newfoundland and Labrador. If you select 'yes', please proceed to question 4.4.

If no blood and/or other biological samples will be sent/shipped outside of the province of Newfoundland and Labrador then you can select '**No**'.

- o Yes (please complete question 4.4)
- o No

4.4: Please explain:

If you selected '**Yes**' in question 4.3, please explain:
a) Where the blood and/or other biological samples will be sent (address location);
b) Who has custody and control of the blood and/or other biological samples at the location noted in (a) (e.g. name of the lab)?
c) Are the blood and/or other biological samples being anonymized or de-identified prior to being shipped from the Site?
d) Describe the purpose for which the blood and/or other biological samples are being sent (e.g. for analyses).

4.5: Will any blood and/or other biological samples be kept after completion of the study?

Please select "**No**" if none of the blood and/or other biological samples collected will be kept after study completion.
Please select "**Yes**" if any of the blood and/or other biological samples will be kept after study completion. If any of the blood and/or other biological samples collected will be kept after study completion, please complete question 4.6-4.11. It is important to note that questions 4.6 - 4.11 are in relation to blood and/or other biological samples retained after study completion only

☐ Yes (please complete questions 4.6 – 4.11)

☐ No

4.6: Please indicate why the blood and/or other biological samples are being retained.

Please explain why the blood and/or other biological samples are being retained after completion of the study (e.g. specific research question, specific area of research, bio banking, unknown future research or use).

4.7: What specific research question will be addressed?

Please outline what specific research question will be addressed using these retained blood and/or other biological samples, if known.

4.8: How long will the blood and/or other biological samples be kept?

Please specify the time-period for which retained blood and/or other biological samples will be kept after completion of the study until destruction.

4.9: Where will the blood and/or other biological samples be stored?

Please provide the storage location (exact address) for any blood and/or other biological samples that are retained after completion of the study.

4.10: Please name the person or organization who will have custody and control of the blood and/or other biological samples that are retained after completion of the study:

4.11: Please indicate if blood and/or other biological samples can be withdrawn:

☐ Yes

☐ No

4.12: Please describe the process for withdrawal or provide rationale for why blood and/or other biological samples cannot be withdrawn:

If you selected "**Yes**" to question 4.11, please describe how participants may request to have their blood and/or other biological samples withdrawn and the process in which the request to withdraw takes place (e.g. participant informs the local site verbally and local site contacts the data custodian of the retained blood and/or other biological samples). Also explain what will happen to the data collected from the blood and/or other biological samples once the blood and/or other biological samples are withdrawn.

If you selected "**No**" to question 4.11, please provide a rationale (e.g. blood and/or other biological samples have been de-identified and link has been destroyed).

Tab 5: Research Intervention and/or modes of data collection (Part A):

5.1: List questionnaires, information sheets, covering letters, telephone or face to face interview scripts/outlines or variable lists to be used. Include copies of each document on the Attachment tab:

Please use the full titles of questionnaires (no abbreviations) and include the version date. Please upload any documents to the Attachments tab. For questionnaires and telephone or face to face interviews scripts/outlines, please select the Doc/Agreement as Research Instrument and in the Description please indicate whether it is a questionnaire or telephone or face to face interview script/outline. For variable lists, please select the Doc/Agreement as Variable List. For information sheets and cover letters, there are options in the Doc/Agreement list that have a similar name.

Please do not include items such as your protocol, product monograph, IB, budget, etc. in this section.

Tab 6: Risks, Discomforts, Inconveniences (Part A):

6.1: Describe the potential risks for the participant. Risks should be categorized with percentages as common (greater than 10%), uncommon (2-10%) and rare (less than 2%). Severe, irreversible and fatal outcomes should be stated precisely, e.g. '2 deaths in 1500 persons given the drug'; '20 irreversible kidney failures in 7000 persons given the drug':

The HREB expects the applicant to reflect on the full spectrum of risks which may be involved – physical, emotional, social and economic. Risks should be categorized by frequency with percentages such as: common (greater than 10%), uncommon (2-10%) and rare (less than 2%). These categories are not rigid if there are alternate categories provided in Investigator Brochure or by Sponsor.

Bullet lists are preferred.

Severe, irreversible and fatal outcomes should be stated precisely, e.g. '2 deaths in 1500 persons given the drug'; '20 irreversible kidney failures in 7000 persons given the drug'.

All risks included in this section should be consistent with the 'Risks' section of the Informed Consent document.

Please note that the HREB considers carefully the experience and expertise of any researcher or research team member who is involved in face-to-face interviews where questions may elicit strong emotional reactions. If the interviewer does not have counseling expertise, it is expected that the researcher will put in place a process for immediate referral to such a person and that this will be noted in the application.

6.2: Describe the potential discomforts for the participant:

This section should include information that would be perceived as discomfort for participants. This may include discomforts such as: Blood draws may cause pain, bleeding, bruising and/or development of a small scars; You may experience discomfort answering sensitive or private questions about things you normally do not discuss.

6.3: Describe the potential inconveniences for the participant:

This could include information such as

- attend multiple study visit
- complete x number of patient reporting tools/questionnaires
- spend more time in the hospital or doctor's office
- may not be able to take part in future studies
- **Please include the expected amount of time associated with visits, questionnaires etc.**

Tab 7: Trial Design (Part A):

7.1: What clinical trial phase is this study?

This information is typically provided by the Sponsor and/or outlined in the Protocol. In the event that you are unsure about the phase of your clinical trial please contact the HREA office.

7.2: List the inclusion criteria for this trial:

Please do not copy/paste symbols such as ≥ into the application form. Doing so will result in misrepresented symbols upon submission. You must type out things such as 'greater than or equal to'.

This section must include an outline of all criteria that a potential participant would have to meet to be considered for enrollment. Some of the inclusion criteria may be summarized instead of providing specific values (e.g. normal kidney function vs listing specific lab values).

7.3: List the exclusion criteria for this trial:

Please do not copy/paste symbols such as ≥ into the application form. Doing so will result in misrepresented symbols upon submission. You must type out things such as 'greater than or equal to'.

This section must include an outline of all criteria that would deem a potential participant ineligible. Some of the exclusion criteria may be summarized instead of providing specific values (e.g. abnormal normal kidney function vs listing specific lab values; uncontrolled diabetes).

7.4: Does this trial have a Data Safety Monitoring Board (DSMB)?

The following factors should be considered to determine whether a study, with or without stopping rules, should have an independent DSMB: the magnitude of foreseeable research-attributable harms to participants; whether the circumstances of the participants make them vulnerable in the context of research; the feasibility of interim data analysis; the complexity of the study; and conflicts of interest.

- o Yes
- o No

7.5: Describe how participant safety will be monitored and what actions will be taken in the event of a threat to participant safety:

(Examples include: ongoing review of safety information with reviewers blinded to study treatment; regular assessment of vital signs; physical examinations; clinical laboratory testing; monitoring and reporting adverse events; sponsor site inspections; participants encouraged to contact site with any questions or concerns)

7.6: Describe how intervention efficacy will be monitored (where feasible) and what actions will be taken if efficacy is found to be greater than expected:

7.7: Describe the criteria by which participants may be removed from a study for safety reasons:

7.8: Describe the study-wide stopping rules (if any) by which the study may be stopped or amended due to evidence of inferior safety, superior efficacy or futility:

7.9: Describe the reporting procedure that will be followed to ensure any information relevant to The description of the study should include a brief overview of the study describing the key elements in plain language to inform all members of the HREB:

Tab 8: Study description and sample size (Part A)

8.1: Give a brief description of the study, including interventions, methodology, outcomes of interest, and outcome measures in plain language. Describe briefly what the participant will be asked to do:

The description of the clinical trial must be in plain language and not cut and paste from the protocol to ensure that all members of the HREB clearly understand the intent of the trial and can accurately review the consent form to determine whether the proposed interventions and outcomes are reflected.

Please consider the following elements as applicable:

- Which interventions would be part of clinical care versus investigational?
- What is the study design (such as observational, interventional, RCT, blind/non-blind)?
- What is being compared (such as x compared to y over z weeks)?
- Summarize tests when possible. It is not necessary to list every test and every study visit. (Sample: Participants will have 4 study visits/year. Lab tests as per Tab 4. MRI will be completed annually. Study drug compliance will be done at each visit. Study drug dispensed at each visit. Physical exam annually. Assessment of vital signs. Participant welfare or consent is reported clearly and in a timely fashion to the REB.

8.2: A description of the calculation used to obtain sample size should be included for any trial which will measure statistically the difference or equivalence of comparative interventions and the basis for the choice of sample size - power, alpha, difference to be detected:

If sample size is not relevant, please justify the number of participants to be included.

Tab 9: Participants (Part A)

If including Indigenous peoples or communities, a copy of the research agreement or letter of support from the relevant community groups and boards is required (refer to Article 9.10 of TCPS2). If this applies to your study, please upload the supporting documentation in the Attachments tab.

The principle of inclusiveness would dictate that participants of both sexes would be recruited for the study. If this is not the case, please give the rationale for excluding either males or females.

9.1: Please describe the participants to be contacted or whose health record information will be used:

Please make special note of populations or participants such as children under 18, pregnant people, persons incompetent to give consent, etc. If including Indigenous peoples or communities, a copy of the research agreement or letter of support from the relevant community groups and boards is required (refer to Article 9.10 of the TCPS2).

9.2: Please make note of circumstances, if any, that may make participants vulnerable in the context of the research study. Please justify their inclusion in the research study.

9.3: Will a control group be used?

- ☐ Yes (please complete question 9.4)
- ☐ No

9.4: Please justify the choice of control group(s):

Please justify the choice of control group(s) to the REB by demonstrating that the choice is:
relevant to the research question;
appropriate for the population of interest;
and consistent with the criteria for clinical equipoise.

9.5: What is the number of participants in previous studies of this drug/device/intervention?
Please provide the number of participants who have been exposed to the drug/device/intervention in previous studies. This information will be available in the Investigator's Brochure for drug studies. Please do not include participants who have taken placebo in the previous clinical trials using the drug.

If this section is not applicable to your proposed study, you may insert N/A.

9.6: Is this part of a national/international study?

☐ Yes (please complete question 9.7)

☐ No

9.7: What is the total number of participants at all sites?

If you answered '**Yes**' to 9.6, please include the total number of participants at all sites nationally/internationally.

If you answered '**No**' to 9.6, you may skip this question.

Tab 10: End of Study Responsibilities (Part A)

A key element of scientific research is that the findings be communicated for discussion among the scientific community. The HREB expects the investigator to be able to publish as an individual or study team the results of the research regardless of whether they are 'positive' or 'negative'. Any prohibition or undue limitation on the publication or dissemination of scientific findings from clinical trials is ethically unacceptable.

10.1: Explain the plan and timeline for publication or dissemination of research findings at the end of the trial. Details of any restrictions on publication or dissemination should be included.

In this section the HREB expects to see:

- Information regarding any restrictions on publication or dissemination (i.e. Sponsor restrictions)
- Plans regarding publication/presentation of results, including timeline.
- If there is any question, a copy of the contract or pertinent correspondence may be forwarded to the HREB for review.
-

10.2: What will participants be told about the availability of the drug/device when their participation ends?

☐ Drug/device will be available through the study but only until the patient's participation ends

☐ Drug/device will be available through the study but only until the end of the trial

☐ Drug/device will be available and participant will be expected to pay for the drug/device as they usually do.

☐ At the end of this study, the experimental treatment will continue to be provided.

☐ Not Applicable

Tab 11: Final Checklist (Part A)

For checklist items that ask if certain documents are included, please ensure that these items have been uploaded to the "Attachments" tab. Information has been included in the info button as to how they should be defined when adding the document.

11.1: Does this research involve a genetic component?

- ☐ Yes
- ☐ No

11.2: A copy of the full protocol is included:

Please upload the full protocol to the Attachments tab and select the Doc/Agreement as "Research Proposal/Protocol."

- ☐ Yes
- ☐ No

11.3: A copy of the Investigator Brochure is included:

Please upload the Investigator Brochure to the Attachments tab and select the Doc/Agreement as "Investigator Brochure/Product Monograph."

- ☐ Yes
- ☐ No
- ☐ Not Applicable

11.4: A copy of the Sponsor Submission form is signed by the Sponsor/Sponsor Designate (electronic signature is acceptable):

The Sponsor Submission Form is available for download under the 'Attachments' tab. When completed, please upload the document to the Attachments tab and select the Doc/Agreement as "Signature Form". In the description, please enter "Sponsor Signature Form".

- ☐ Yes
- ☐ No

11.5: All sites are named in an IND (Investigational New Drug Application) with the FDA (US):

- ☐ Yes
- ☐ No
- ☐ Not Applicable

11.6: A copy of the Health Canada Letter of No Objection (NOL) is included:

Please upload the NOL to the Attachments tab and select the Doc/Agreement as "Health Canada No Objection Letter." To note, the HREB will review a study that has a pending NOL; however, approval of the study cannot be released until the document is received.

- ☐ Yes
- ☐ No
- ☐ Not Applicable

11.7: A copy of the informed consent document is included:

Consent templates are available for download and modification from the Attachments tab. Please include the completed consent form checklist. When completed, please upload the informed consent document to the Attachments tab and select the Doc/Agreement as 'Informed Consent Form'.

- ☐ Yes
- ☐ No

11.8: The consent form has been assessed at a reading level of... (must be grade 9 or less):

Tips for writing in plain language and more information on how to test the readability of a document can be found under 'Useful Links' on the Researcher Portal Home page. Health Canada recommends a grade 6-8 reading level. (https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/sr-sr/alt_formats/pdf/advice-avis/reb-cer/consent/document-consent-document-eng.pdf)

11.9: Optional consent sections (or separate consent form) for DNA/tissue storage/use or optional substudy consent forms are included, if applicable:

Please refer to the HREB Policy Manual for information on clinical trial sub studies. Consent form templates are available for download and modification from the Attachments tab. When completed, please upload the informed consent document to the Attachments tab and select the Doc/Agreement as 'Informed Consent Form' or 'Optional Consent Form'.

- ☐ Yes
- ☐ No
- ☐ Not Applicable

11.10: Study specific questionnaires, recruitment advertisements, covering letters, etc. are included:

Please upload these documents to the Attachments tab. Any document that pertains to the collection of data for the purpose of the study should have a Doc/Agreement as "Research Instrument." Any document that pertains to the recruitment of participants for the study should have a Doc/Agreement as "Recruitment Document."

- ☐ Yes
- ☐ No

11.11: If secondary use of data or blood and/or other biological samples is a part of this study, a copy of the "Variable List" (signed by the data custodian) describing all variables requested from the data custodian is included:

Please upload the "Variable List" (signed by the data custodian) to the Attachments tab and select the Doc/Agreement as 'Variable List'.

- ☐ Yes
- ☐ No
- ☐ Not Applicable

11.12: If this study involves Indigenous peoples, a copy of the research agreement or letter of support from the relevant community groups and boards is included:

Please upload your research agreement or letter of support to the Attachments tab and select the Doc/Agreement to "Community/Organizational Approval."

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Tab 12: Site Information (Part B)

Site Submission Application Form for Ethics Review of a Clinical Trial. The site investigator must complete all tabs with the tag 'Part B.'

12.1: Number of participants anticipated for this site:

Please insert the anticipated number of participants at the local site only. To note, if the local site plans to recruit beyond the approved number, an administrative amendment must be submitted to the HREB for approval**.**

12.2: What treatment do you now use for patients who would meet the inclusion criteria for this study, i.e., how would you manage these patients if they did not go into this study?

In your clinical setting, what is the standard effective therapy you would use to treat eligible patients who do not participate in this study?

12.3: Has a clinical trial agreement (CTA) been negotiated for this study?

- ☐ Yes (please complete question 12.4)
- ☐ No

12.4: Please indicate who negotiated the CTA:

Please insert the parties who are involved in the clinical trial agreement (e.g. xyz clinic & Sponsor; Eastern Health, Sponsor & PI; MUN, xyz University & PI).

12.5: Does this study involve a material transfer agreement (MTA) or a data transfer agreement (DTA)?

If data, blood and/or other biological samples collected as part of the study are being sent outside of the province of Newfoundland and Labrador, a data and/or material transfer agreement must be in place. The material transfer agreement is sometimes contained within the clinical trial agreement. If this is the case, you must still select the "**YES**" option below.

☐ Yes (please complete question 12.6)

☐ No

12.6: Please indicate the two parties of the MTA/DTA:

If a data/material transfer agreement is in place, please indicate the parties involved. If the DTA/MTA is contained in the CTA, please state here.

Tab 13: Recruitment and First Contact (Part B)

13.1: Please describe in detail the means you will use to identify and contact eligible participants:

It is important to describe the means of identifying and contacting eligible participants. For example, the first contact may be verbal or in writing and simply informs the potential participant that a study is underway. If they are interested, they may leave their contact information with the person approaching, the community agency, someone in the physician's office or be given a telephone number to contact the research team directly.

In the case of patients, the HREB expects that the person making first contact will be in the patient's circle of care. Examples include, but are not limited to: The patient is contacted by the PI who is also providing clinical care; the clinician providing care asks the patient if they are interested in meeting with the PI/RC/RA as applicable; or a letter is mailed from the primary clinician to the patient informing them of the study. For participants in the community, it may include contact by random digit dialing, community agency, support group, workplace manager, newspaper ads, posters, etc.).

13.2: Will contact be made with potential participants?

☐ Yes (please complete question 13.3)

☐ No

13.3: Who will make the first contact to provide information about the study?

For participants in the community, it may include a community agency, support group, workplace manager, newspaper ads, posters, contact by random digit dialing, etc. In the case of patients, the HREB expects this person to be in the patient's circle of care. Examples include, but are not limited to: The patient is contacted by the PI who is also providing clinical care; the clinician providing care asks the patient if they are interested in meeting with the PI/RC/RA as applicable; or a letter is mailed from the primary clinician to the patient informing them of the study.

13.4: Please specify the means of contact. Check all that apply. Copies of letters, telephone scripts, ads and posters must be included with the application:

Please upload copies of letters, telephone scripts, ads, posters, etc. to the Attachment tab and select the Doc/Agreement as "Recruitment Document" and include in the Description the type of document that it is, i.e. invitation to participate letter, telephone script, ad, poster, etc. An ad template is available on the 'Attachments' tab.

- In Person
- Letter
- Telephone
- Advertisement
- Poster
- Other (e.g. social media) (Please complete 13.5)

13.5: Please specify:

Tab 14: Consent Process (Part B)

The Principal Investigator is the person ultimately responsible for the consent process.

14.1: Who will obtain the consent?

Examples include: Principal Investigator, Research Assistant, Research Coordinator

14.2: Explain, in detail – setting, timing, person approaching and persons to be approached - the procedure you will use to obtain consent. Special consideration is required if the study involves individuals with an altered or diminished capacity to consent (e.g. children, incompetent persons, etc.). If applicable, describe in detail how proxy, community and/or parental consent and child assent will be obtained.

For further information on obtaining consent, please refer to the 'HREB Guidelines for Consent' available under the Attachments tab.

This section should explicitly outline the details of the consent process.

- Where and when will consent take place?
- Who will be approaching the participant and conducting the consent process?
- What is the timeline for consenting to participate? Will participants be permitted to take consent form home?
- How will consent for individuals with an altered or diminished capacity to consent be achieved?

14.3: Does this study involve deception?

Please refer to the TCPS2 for further information re: deception in research.

☐ Yes (please complete question 14.4)

☐ No

14.4: Please describe and justify the use of deception and outline the process you will use to debrief participants:

14.5: Does this study involve a waiver of consent?

Please refer to the TCPS2 for further information re: waiving requirements of consent.

☐ Yes (please complete question 14.6)

☐ No

14.6: Please describe and justify the requirement of a waiver of consent:

Please refer to TCPS2, Chapter 3.7A and confirm that the five requirements for waiver of consent are met.

Tab 15: Safeguards of participant's confidentiality and information (Part 6)

The protection of the privacy and confidentiality of all research participants and their data is the responsibility of all members of the research team. This pertains to any personal information and personal health information collected from identified participants or their records. The following privacy protections are recommended by the HREB. Please check those currently in place for this study. If you plan exceptions for these requirements please provide, in detail, the rationale for this decision.

15.1: The following privacy protections are recommended. Please check those currently in place for this study. Organizational safeguards are the responsibility of the Principal Investigator:

A template "Oath of Confidentiality"' can be found under '"Useful Links"' on the Researcher

- All members of the research team have been briefed on their responsibility for privacy protection.
- All members of the research team have signed an oath of confidentiality.
- Any data-sharing agreements between the researcher and other institutions have been signed prior to providing access to data.
- Consequences for breach of confidentiality are clearly stipulated to the research team.
- All computer files pertaining to the study will be password protected.
- All paper abstract forms and printouts of electronic files will be kept in secure storage – limited number of storage areas, limited access rooms, locked filing cabinets.

15.2: If you did not check all of the boxes in Question 15.1, please provide, in detail, the rationale for the exception to the recommended privacy protections:

15.3: List below the names of ALL members of the research team who will have access to identifiable data. Please describe why their access is necessary, their role in relation to the project, and how and where they will be accessing the data throughout the project:

All members listed here must also be listed under the Project Team Info tab. TCPS2 certificates must be provided for all people on this list. In order to protect participant privacy, please limit the number of people requiring access, as much as possible.

Tab 16: Retention of Data (Part B)

Health Canada (HC) regulations, Division 5 requires that clinical trial data (collected for HC regulated trials) must be available for monitoring, auditing and inspection for 25 years**.**

16.1: How will data be collected?

16.2: Will any data be shared outside of your institution? If so, how? (e.g. secure file transfer, encrypted USB, etc.)?

16.3: Will you be linking the data to other data sources? How will the linkage occur?

16.4: Where will the data be stored? Provide the exact street address, including room/office number.

1. Please provide the exact location where local data will be stored while the study is active.
2. If applicable, please describe how data will be transferred from the local site to the Sponsor and what safeguards are in place to protect the data in transit.
3. Please provide the exact location where local data will be stored when the study is closed.
4. Please provide the exact location where all study data will be stored when the study is closed.

16.5: Who will have custody and control of the study data? Provide their name and contact information.

Please provide the full name or role and contact information (including telephone and/or e-mail contact) of the person who will have custody and control of the study data, including who is responsible for the data while the study is active and who is responsible for the stored data after the study closes.

Please note, data custodians (e.g. Eastern Health) require that supervisors be responsible for the data generated by student's projects.

16.6: Describe how the data will be disposed of after the retention period.

16.7: List any participant identifiers – name, postal code, study code, to be retained and give the rationale for retention.

If you will be retaining any participant identifiers please list them individually and provide an explicit rationale for the retention (e.g. name and MCP numbers will be kept to identify participants and link to health record in the event of a regulatory inspection)**.**

Tab 17: End of Study Responsibilities (Part B)

There is an expectation that research results will be disseminated to the academic community and, where appropriate, to participating individuals in a timely manner. For research involving an Indigenous community, community leaders or partners should vet final reports, manuscripts and other dissemination materials for cultural and factual accuracy. However, there should be no restrictions placed on publishing: instead, researchers should allow for dissenting views to be expressed in publications**.**

17.1: Explain the plan and timeline for debriefing participants at the end of the trial. Explain how study results will be disseminated (including how you will provide feedback to participants):

Be explicit on method of dissemination, such as disseminated to participants on an individual basis, in a group setting, community, workplace or any other process.

17.2: Do you intend to reimburse participants for expenses incurred?

- o Yes (please complete question 17.3)
- o No

17.3) Please specify what expenses will be reimbursed.

Please list eligible expenses and describe how reimbursement will be made. Please include whether receipts are required from participants prior to reimbursement being issued**.**

17.4: Will there be any payment for referral of patient participants?

- o Yes (please complete question 17.5)
- o No

17.5: Please specify the amount per patient:

If you selected 'Yes' to section 17.4, please complete this section.

17.6: Do you intend to provide a gift, honorarium, or lottery opportunity to participants?

- o Yes (please complete question 17.7)
- o No

17.7: Please describe. At what point in the study would this be offered?

The HREB requests details on any gift, honorarium or lottery opportunity and the point at which the offer is made.

Best practices dictate that participant compensation is provided at the time of consent as opposed to later in the process as the TCPS 2 requires that participants not be penalized for withdrawing from a study.

If you selected 'No' to question 17.6 please do not complete this section.

Tab 18: Potential Conflict of Interest (Part B)

The HREB requires disclosure of any real, potential or perceived individual conflicts of interests, as well as any institutional conflicts of interests of which you are aware that may have an impact on your research and explain how you intend to manage this conflict, particularly situations where any of the investigators will be paid to be involved in the study, own shares in the sponsor company, receive honoraria for lectures, workshops, or stand to gain personally.

18.1: Does any investigator have direct or indirect financial interests in any device, drug, intervention being using in this study?

- o Yes (please complete question 18.4)
- o No

18.2: Does any investigator function as an advisor, employee, officer, director or consultant for any funder(s)?

- o Yes (please complete question 18.4)
- o No

18.3: Will any investigator receive an honorarium or other benefits from any funder(s) (apart from fees for service)?

- o Yes (please complete question 18.4)
- o No

18.4: Please describe and explain how the conflict is being managed to ensure participant rights and welfare are not affected:

Please disclose to the HREB any real, potential or perceived individual conflicts of interests, as well as any institutional conflicts of interests of which you are aware that may have an impact on your research and explain how you intend to manage this conflict.

Tab 19: Checklist (Part B)

Please review the items below to ensure your application is complete and that necessary supporting documents have been attached.

19.1: Please review the list below of supporting documents to be uploaded under the "Attachments" tab (check all those that apply):

- o The full research proposal/protocol.
- o A copy of the Principal Investigator's TCPS2 Tutorial Certificate of Completion, if a first time applicant.
- o A copy of a current curriculum vitae for the Principal Investigator, if a first time applicant.
- o A copy of the consent document(s).
- o Any study questionnaires, surveys, recruitment advertisements, covering letters etc.
- o A copy of the budget.
- o The "Variable List" (signed by the data custodian) including all variables requested from the data custodian.
- o Optional consent sections (or separate consent) for DNA/tissue storage/use are included, if relevant.
- o If this study involves Indigenous peoples, a copy of the research agreement or letter of support from the relevant community groups and boards.
- o Signed Supervisor Attestation form, if applicable.

19.2: The site Principal Investigator is in good standing with the NL College of Physicians and Surgeons.

- o Yes
- o No
- o Not Applicable

19.3: Will this contract be administered through the University Finance Office? (If you are not affiliated with MUN choose "Not Applicable") If yes, copies of the HREB approval will be forwarded to the Office of Research Services:

- o Yes
- o No
- o Not Applicable

Tab 20: Additional Requirements:

Researchers should be aware that institutions, organizations, or other groups under study may have requirements for allowing access to their sites and to participants, and that some of these may have established mechanisms or guidelines e.g., school boards, Indigenous communities, correctional services, Regional Health Authorities, and community groups. Therefore, once your study has received ethics approval from the HREB, organizational approval may also be required. Organizational approval is not another ethics review; it is a separate and distinct process. It is possible that studies may be approved by the HREB but be unacceptable to an authority, agency or institution because of overuse of a particular group of patients, unavailability of space, personnel, equipment at the time of the proposed trial or incompatibility with the values of the community in which the trial will be conducted. It is your responsibility to seek the necessary organizational approval from the Regional Health Authority or other organization as appropriate prior to commencing your study.

20.1: I have read and acknowledge the above statement:

Further information on obtaining organizational approvals can be found on the HREA website: www.hrea.ca.

- o Yes, I have read and acknowledge the above statement.

20.2: Please select the institutions, organizations and/or communities involved or in support of this research.

Please ensure all data custodians, supporting institutions and communities/organizations associated with this research are identified here.

- o Eastern Health Regional Health Authority
- o Central Health Regional Health Authority
- o Western Health Regional Health Authority
- o Labrador Grenfell Health Regional Health Authority
- o Newfoundland and Labrador Centre for Health Information
- o Memorial University of Newfoundland and Labrador
- o Other (please complete question 20.3)

20.3: Please list: