Application Form Part A: General Information

**Instructions for completing Part A**

Please review the Application Guidelines available at <https://blood.ca/en/research/products-and-services-researchers/research-ethics->program prior to completing an application form. At least one Part B must be completed in addition to Part A for all applications for studies involving human participants conducted by or on behalf of Canadian Blood Services.

For any questions, contact [CBSREB@blood.ca](mailto:CBSREB@blood.ca).

|  |  |
| --- | --- |
| Canadian Blood Services Use Only | |
| Canadian Blood Services REB # |  |
| Part B submitted |  |
| Type of study | Research  Quality improvement / assurance / training |
| Notes about request |  |

1. Study Information

**1.a.** **Study Period**

|  |  |
| --- | --- |
| Anticipated study start date (YYYY-MM-DD)  *This should be after the Canadian Blood Services Research Ethics Board submission date* |  |
| Anticipated study end date (YYYY-MM-DD) |  |

**1.b. Study Lay Title**

Provide a title that is fewer than 10 words and written in language that would be clear to the public (e.g., to research participants).

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**1.c Principal Investigator**

Provide details about the Principal Investigator of the study.  
*The Principal Investigator is responsible for managing the study and for reporting to Canadian Blood Services. A student or trainee cannot serve as the Principal Investigator.*

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title/Position |  |
| Organization |  |
| Department |  |
| Address |  |
| City, Province, Postal Code |  |
| Phone (**not** a personal phone number) |  |
| Email (**not** a personal email) |  |
| Is the Principal Investigator a Canadian Blood Services employee? | Yes  No |

**1.d. Type of Organization**

Identify the type of organization/research institution that the research facility is associated with (please check all that apply):

An academic institution

A private industry institution

A Canadian Blood Services facility

A government institution

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.e. Contact Person**

In addition to the Principal Investigator, who should receive correspondence related to this submission?

Same as Principal Investigator. If different, provide contact person information.

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title/Position |  |
| Organization |  |
| Department |  |
| Address |  |
| City, Province, Postal Code |  |
| Phone (**not** a personal phone number) |  |
| Email (**not** a personal email) |  |

1. Authorized Person(s)

Identify all co-investigators and individuals involved in the study and actively involved with the processing of data or samples and derivatives (including third party testing), including applicant’s trainees. *Note, if unmanipulated cord blood or blood products are to be distributed to a co-investigator for research, the individual must submit a separate application as the Principal Investigator*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name, First Name** | **Organization Name, City, Province** | **Position (e.g., co-investigator, trainee)** | **Role in project team** |
|  |  |  |  |
| Will data be distributed to this individual? | | | Yes  No |
| Will manipulated research samples be distributed to this individual? | | | Yes  No |
| If data and/or manipulated research research samples are to distributed, provide details as to what will be distributed and for what purpose (e.g., nature of data or research samples and associated information shared for what type of experiment or analysis). | | | |
|  | | | |

*Copy table as needed to identify more than one authorized persons.*

1. Project Funding Support

**3.a. Source(s) of Funding**

Identify all sources of funding for this study.

No sources of funding for this study.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of funding recipient**  **(Last name, First name)** | **Name of funding organization** | **Funding start date**  **(YYYY-MM-DD)** | **Funding end date**  **(YYYY-MM-DD)** | **Type of funding** |
|  |  |  |  | Peer reviewed  Non-peer reviewed |
|  |  |  |  | Peer reviewed  Non-peer reviewed |

*Insert rows as needed.*

**3.b. Direct Personal Payments**

|  |  |
| --- | --- |
| Will any investigator receive direct personal payments from the research funding? | Yes  No |
| If yes, describe payments to be made. | |
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1. Potential Conflict(s) of Interest

Disclose all contracts and any conflicts of interest (actual, apparent, perceived or potential) relating to this study.

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1. Study Lay Summary

**Summarize the study in lay terms (max. 200 words)**. Indicate the rationale for this study, the hypothesis or research question, and the significance of the study (e.g. overall anticipated public and/or scientific benefit). Describe the primary goals and outcomes of the study, and explain the relevance of this study to Canadian Blood Services.    
*Note: if the study is approved, this lay summary may be published on Canadian Blood Services website to inform research participants and the public about research that is supported by Canadian Blood Services.*

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1. Participant Population

Indicate the participant population(s) to which you require access (select all that apply).

**Cord blood samples** from Canadian Blood Services Cord Blood for Research Program (for non-human use). Please review and complete **Part B1**.

**Blood samples** from Canadian Blood Services Blood4Research program (for non-human use). Please review and complete **Part B2**.

**Data** from Canadian Blood Services databases. Please review and complete **Part B3**.

Other studies pertaining to Canadian Blood Services. Please complete **Part B4**.

1. Study Design Summary

Briefly describe the study design and methodology **(max. 1 page)**. Please make sure to provide information for all research participants (e.g., donors providing research samples and data, patients participating in a study).

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1. Team Expertise

Briefly describe the experience of the Principal Investigator and the research team in this research area.

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1. Dissemination of Research Findings

Indicate how the results will be communicated to research participants and other stakeholders (e.g. advocacy groups, scientific community).

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1. Institutional Research Ethics Board

**10.a.** What type of study would you consider your application to represent ?

*For guidelines to aid in assessing whether a study is a research study or a quality improvement/assurance study/training, visit* [*https://www.blood.ca/en/research/products-and-services-researchers/research-ethics-program*](https://www.blood.ca/en/research/products-and-services-researchers/research-ethics-program)*.*

a research study

a quality improvement/assurance study/training

don’t know

For Applications including **Part B1**, **B2** or **B3** forms: If the application is for **a research study** then the Principal Investigator **must** secure approval from their academic REB or a commercial REB. If the Principal Investigator is Canadian Blood Services employee with no academic REB approval then a detailed study protocol must be attached with the application.

*Contact* [*CBSREB@blood.ca*](mailto:CBSREB@blood.ca) *for questions or more information on research versus quality improvement/assurance study/training and on institutional/commercial REB requirements.*

**10.b.** Has this study been submitted somewhere other than Canadian Blood Services for ethics review?

Yes

No

Not applicable

**10.c.** If **yes to 10.b**., please provide the following information **and** attach a copy of the application(s), including all supplemental documents, **and** the current approval letter(s), if already approved.

|  |  |  |  |
| --- | --- | --- | --- |
| **Submission date  (YYYY-MM-DD)** | **Name of REB  (or equivalent)** | **REB (or equivalent) approval obtained** | **REB (or equivalent) approval date  (YYYY-MM-DD)** |
|  |  | Yes  No |  |
| Has the research project changed in design since the orginal approval/submission to the institutional REB? | | | Yes  No |
| If yes, indicate changes made since approval. | | | |
|  | | | |

*Copy table as needed to identify more than one REB application.*

1. Canadian Council on Animal Care (CCAC)

**11.a.** Does the proposed study involve animals?

Yes  No

**11.b.** If **yes to 11.a**., please provide the following information **and** attach a copy of the Animal Care Committee approval letter.

|  |  |  |
| --- | --- | --- |
| Name of the CCAC accredited Animal Care Committee that will oversee this use of animals | CCAC approval number | CCAC approval date (yyyy-mm-dd) |
|  |  |  |

**Instructions for submitting an application**

This is the end of “Part A: General Information”. To complete your application package, complete Part B. To identify which Part B needs to be completed, consult Part A: Participant Population or the Application Guidelines.