

Research Review and Ethics Application/Submission

Research Review and Ethics Committee
Sioux Lookout Meno Ya Win Health Centre



Research Team		For RREC Office Use Only:	
Principal Investigator		Date received:	
Name:			
Position:			
Signature:		Proposal Number:	

Research Team – List all co-investigators; append a list if necessary	
Name:	
Name:	
Name:	
Name:	

Project/Proposal Main Contact		<input type="checkbox"/> Same as Principal Investigator
Name:		Phone:
Position:		email:
Mailing Address:		

Signature Verification

*All projects or proposals must be a maximum of ten (10) pages in length. Exceptions may be made for appendices or attachments such as consent forms.

**Any changes or revisions to projects or proposals require RREC approval prior to implementation.

***By signing this document, I verify that all information within is accurate.

Signature: _____

Date: _____

Role: _____
Principal Investigator or Co-Investigator



Research Project/Protocol Title – full study/project title:

Research Question – brief sentence in question format:

Project Description – Include relevant background information:

Research Design – Include methodology, data collection, recruitment, and confidentiality:

TCPS2 and OCAP® – How will the project comply and meet TCPS2 and OCAP® Principles?

Potential Risk – are there perceived potential risks to participants or researchers?

Potential Benefits – what are the potential benefits from the project/proposal

Patient Information and Consent – all patient information sheets and consent forms must accompany this application