ANNUAL STATUS REPORT

The REB forms are Adobe fillable, savable, PDF forms - they must be opened with Adobe Acrobat Reader to ensure that they look and function correctly. Technical assistance: sas@smu.ca

Research ethics clearance is often valid for 1 year, otherwise the duration is specified by the REB. At the minimum, Continuing Research Ethics review responsibilities consist of an Annual Status Report for multi-year research projects, to assess continued ethical acceptability.

The REB accepts requests for continuing research ethics review, only when the following criteria is met:

1. Requests are sent to ethics.continuingreview@smu.ca
2. 30 days prior to the expiry date of the research ethics clearance the request is submitted by the faculty supervisor for student research
3. The latest version of the form is used from the REB website fully competed (no fields appear blank, "n/a" is inserted, when applicable)
4. When the first clearance was obtained by another Canadian REB, please attach the letter/certificate evidencing their "current" clearance.

1. TYPE OF REQUEST

SMU REB File #: Affiliation: Choose one Type of Research: Choose one

2. TITLE OF RESEARCH

Important! If the research title is different for public release, please indicate. All active research studies are listed on the SMU REB website.

3. Has the title changed since the last report to the REB? Yes ☐ No ☐

4. Have there been any unreported changes to the study method, informed consent process or supporting documents since the most recent REB clearance? ☐ Yes ☐ No

If yes, submit a Request for Changes to Cleared Research (Form 2) together with this request. Changes require REB clearance.

5. Original REB clearance period: From: (dd/mmm/yyyy) To: (dd/mmm/yyyy)

6. Last REB clearance period: From: (dd/mmm/yyyy) To: (dd/mmm/yyyy)

7. CURRENT FUNDING STATUS* All changes to funding must be reported to the REB thoughout the lifecyle of the research.

a) *Is the research currently funded?* ☐ Funded ☐ Funding pending ☐ Unfunded

If the research is currently funded, answer all questions. The University Grants Officer requires all answers from the REB in order to release the funds, following each REB clearance.

b) ☐ Tri-Council Agency: ☐ SSHRC ☐ NSERC ☐ CIHR

c) ☐ Internal (Specify):

d) ☐ Other (Specify):

e) Grant Number:

f) Grant Name:

g) Current funding: From: (dd/mmm/yyyy) To: (dd/mmm/yyyy)

h) Provide the current grant title if it is different from the research title above: ☐ N/A

8. CONTACTS

For student research, begin with listing the Faculty Supervisor. For faculty or staff research, begin with listing the Principal Investigator. Remember, researchers assign the REB as a contact to research participants and the REB needs to have a clear understanding of every research team member's up-to-date role.

a) Role: Choose one Name:

Institution: Choose one Institutional Status: Choose one

Department:

Phone #: Alternate Phone #:

Email: Alternate Email:

b) Role: Choose one Name:

Institution: Choose one Institutional Status: Choose one

Department:

Phone #: Alternate Phone #:

Email: Alternate Email:

c) Role: Choose one Name:

Institution: Choose one Institutional Status: Choose one

Department:

Phone #: Alternate Phone #:

Email: Alternate Email:

Please include additional members on the "Additional Information" section, at the end of the form.

d) Have there been any changes in research personnel who interact with participants and/or have access to research data since the last reporting to the REB? ◯ Yes ◯ No

9. RESEARCH STATUS

a) When did recruitment begin? (dd-mmm-yyyy)

b) What is the anticipated date of completion for this study, if available? (dd-mmm-yyyy)

c) What is the current status of the research?

☐ No recruitment to date ☐ Active recruitment ☐ Active participation ☐ Recruitment ended ☐ Participation ended

☐ On hold ☐ Analysis ☐ Final analysis ☐ Secondary data only ☐ Other: Extend below in e).

d) Provide additional information that would situate the REB to be a fully informed contact to research participants on your behalf:

10. RESEARCH PARTICIPANTS

a) Number of participants recruited for the study:

b) Number of participants yet to be recruited for the study:

c) Number of participants currently in the study:

d) Number of participants completed the study:

e) Number of participants voluntarily withdrawn from the study, and provide the reasons for withdrawal:

f) Number of participants the researcher withdrew from the study, and provide the reason for withdrawal:

g) Have there been any participant complaints of feedback about the research from participants? If yes, please describe.

Yes No

h) Since original REB clearance, have any participants experienced any adverse events as a result of their participation in the study?

Yes No

If there have been adverse events, please describe these in detail and how the situations were resolved.

N/A

i) If there have been adverse events, what procedures/safeguards are now in place to protect the participants from these risks?

N/A

j) Is there any new information available about the study that needs to be communicated to participants? As well, would such new information change the rationale or the risk/benefit ratio for this study? If yes, please submit a Request for Change to Cleared Research (Form 2). ◯ Yes ◯ No

k) Throughout the course of this study and/or arising from direct interaction with your participants, have there been any indicators to show ways in which potential benefits to participants could be increased? If yes, please explain and how this difference can be communicated to participants. ◯ Yes ◯ No

l) Since the last REB clearance, have there been any changes in the conflict of interest information provided to the REB? If yes, please describe. ◯ Yes ◯ No

m) Since the last REB approval, have there been any changes to how or where personally identifiable information will be collected/protected/managed and/or disseminated? ◯ Yes ◯ No ☐ N/A

11. ADDITIONAL INFORMATION

If you wish to include more information for review and cleareance since the time of last REB clearance, please use this section. Feel free to include additional pages or materials.

12. CERTIFICATION

I will ensure that all procedures performed under the project will be conducted in accordance wih Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2) and all relevant Saint Mary's University, provincial, national and international policies and regulations that govern research involving human participants.
In the case of student research, as faculty supervisor, I have read and approved the request, deem the project scientifically valid and agree to provide continuing and thorough supervision of the student(s). I will ensure that the level of risk inherent to the project is managed by the level of research experience that the student investigator has combined with an extent of oversight that will be provided by me and that the research will be conducted in accordance with the SMU REB's cleared proposal, and consent process.