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Office of Research
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SUMMARY PROTOCOL FORM
UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE

IMPORTANT:

Approval of a *Summary Protocol Form* (SPF) must be issued by the applicable Human Research Ethics Committee prior to beginning any research project using human participants.

Research funds cannot be released until appropriate certification has been obtained.

FOR FACULTY AND STAFF RESEARCH:

Please submit a signed original plus THREE copies of this form to the UHREC c/o the Office of Research, GM-1000. Allow one month for the UHREC to complete the review.

FOR GRADUATE or UNDERGRADUATE STUDENT RESEARCH:

- if your project is included in your supervising faculty member's SPF, no new SPF is required

- if your project is supported by external (e.g. CIHR, FQRSC) or internal (e.g. CASA, FRDP) funds, the supervising faculty member must submit a new SPF on behalf of the student as per faculty research above. The supervising faculty member MUST be listed as the PI.

- if your project is NOT supported by external (e.g. CIHR, FQRSC) or internal (e.g. CASA, FRDP) funds, the student must submit a new SPF to the relevant departmental committee. Contact your department for specific details.

INSTRUCTIONS:

This document is a form-fillable word document. Please open in Microsoft Word, and tab through the sections, clicking on checkboxes and typing your responses. The form will expand to fit your text. Handwritten forms will not be accepted. If you have technical difficulties with this document, you may type your responses and submit them on another sheet. Incomplete or omitted responses may cause delays in the processing of your protocol.

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1. SUBMISSION INFORMATION:

Please provide the requested contact information in the table below:

Please check ONE of the boxes below :

☐ This application is for a new protocol.

☐ This application is a modification or an update of an existing protocol:
Previous protocol number (s): _____

2. CONTACT INFORMATION:

Please provide the requested contact information in the table below:

Principal Investigator/ Instructor (must be Concordia faculty or staff member)	Department	Internal Address	Phone Number	E-mail
Co-Investigators / Collaborators		University / Department		E-mail
Research Assistants		Department / Program		E-mail

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3. PROJECT AND FUNDING SOURCES:

Project Title:	

In the table below, please list all existing internal and external sources of research funding, and associated information, which will be used to support this project. Please include anticipated start and finish dates for the project(s). Note that for awarded grants, the grant number is REQUIRED. If a grant is an application only, list APPLIED instead.

Funding Source	Project Title	Grant Number	Award Period	
			Start	End

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4. BRIEF DESCRIPTION OF RESEARCH OR ACTIVITY:

Please provide a brief overall description of the project or research activity. Include a description of the benefits which are likely to be derived from the project. Alternatively, you may attach an existing project description (e.g. from a grant proposal).

5. SCHOLARLY REVIEW / MERIT:

Has this research been funded by a peer-reviewed granting agency (e.g. CIHR, FQRSC, Hexagram)?

☐ Yes Agency: _____

☐ No If your research is beyond minimal risk, please complete and attach the Scholarly Review Form, available here: http://oor.concordia.ca/REC/forms.shtml

6. RESEARCH PARTICIPANTS:

a) Please describe the group of people who will participate in this project.

b) Please describe in detail how participants will be recruited to participate. Please attach to this protocol draft versions of any recruitment advertising, letters, etcetera which will be used.

c) Please describe in detail how participants will be treated throughout the course of the research project. Include a summary of research procedures, and information regarding the training of researchers and assistants. Include sample interview questions, draft questionnaires, etcetera, as appropriate.

7. INFORMED CONSENT:

a) Please describe how you will obtain informed consent from your participants. A copy of your written consent form or your oral consent script must be attached to this protocol. *Please note: written consent forms must follow the format of the template included at the end of this document.*

b) In some cultural traditions, individualized consent as implied above may not be appropriate, or additional consent (e.g. group consent; consent from community leaders) may be required. If this is the case with your sample population, please describe the appropriate format of consent and how you will obtain it.

8. DECEPTION AND FREEDOM TO DISCONTINUE:

a) Please describe the nature of any deception, and provide a rationale regarding why it must be used in your protocol. Is deception absolutely necessary for your research design? Please note that deception includes, but is not limited to, the following: deliberate presentation of false information; suppression of material information; selection of information designed to mislead; selective disclosure of information.

b) How will participants be informed that they are free to discontinue at any time? Will the nature of the project place any limitations on this freedom (e.g. documentary film)?

9. DATA ACCESS AND STORAGE:

a) Please describe what access research participants will have to study results, and any debriefing information that will be provided to participants post-participation.

b) Please describe the path of your data from collection to storage to its eventual archiving or disposal. Include specific details on short and long-term storage (format and location), who will have access, and final destination (including archiving, or any other disposal or destruction methods).

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10. CONFIDENTIALITY OF RESULTS:

Please identify what access you, as a researcher, will have to your participant(s) identity(ies):

☐	Fully Anonymous	Researcher will not be able to identify who participated at all. Demographic information collected will be insufficient to identify individuals.
☐	Anonymous results, but identify who participated	The participation of individuals will be tracked (e.g. to provide course credit, chance for prize, etc) but it would be impossible for collected data to be linked to individuals.
☐	Pseudonym	Data collected will be linked to an individual who will only be identified by a fictitious name / code. The researcher will not know the "real" identity of the participant.
☐	Confidential	Researcher will know "real" identity of participant, but this identity will not be disclosed.
☐	Disclosed	Researcher will know and will reveal "real" identity of participants in results / published material.
☐	Participant Choice	Participant will have the option of choosing which level of disclosure they wish for their "real" identity.
☐	Other (please describe)	

a) If your sample group is a particularly vulnerable population, in which the revelation of their identity could be particularly sensitive, please describe any special measures that you will take to respect the wishes of your participants regarding the disclosure of their identity.

b) In some research traditions (e.g. action research, research of a socio-political nature) there can be concerns about giving participant groups a "voice". This is especially the case with groups that have been oppressed or whose views have been suppressed in their cultural location. If these concerns are relevant for your participant group, please describe how you will address them in your project.

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11. ADDITIONAL COMMENTS:

a) Bearing in mind the ethical guidelines of your academic and/or professional association, please comment on any other ethical concerns which may arise in the conduct of this protocol (e.g. responsibility to subjects beyond the purposes of this study).

b) If you have feedback about this form, please provide it here.

12. SIGNATURE AND DECLARATION:

Following approval from the UHREC, a protocol number will be assigned. This number must be used when giving any follow-up information or when requesting modifications to this protocol.

The UHREC will request annual status reports for all protocols, one year after the last approval date. Modification requests can be submitted as required, by submitting to the UHREC a memo describing any changes, and an updated copy of this document.

I hereby declare that this Summary Protocol Form accurately describes the research project or scholarly activity that I plan to conduct. Should I wish to add elements to my research program or make changes, I will edit this document accordingly and submit it to the University Human Research Ethics Committee for Approval.

ALL activity conducted in relation to this project will be in compliance with :

- ***The Tri Council Policy Statement: Ethical Conduct for Research Involving Human Subjects*, available here:**

  http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm

- **The Concordia University Code of Ethics: Guidelines for Ethical Actions**

Signature of Principal Investigator: _____

Date: _____

APPENDIX 1: SAMPLE CONSENT FORM TO PARTICIPATE IN RESEARCH

Consent must be obtained from any study participant. Written consent forms must follow the format of this form (exceptions may be given to multi-institutional projects). Oral consent scripts should include the same information. Please adapt this template to suit your project. Language should be at no more than a grade eight reading level. If you are using written consent forms, note that participants should be given two copies of the consent form – one to keep, and one to sign and return to the researcher.

CONSENT TO PARTICIPATE IN (*RESEARCH PROJECT TITLE*)

This is to state that I agree to participate in a program of research being conducted by (*Name of Researcher*) of (*Name of Department*) of Concordia University (*contact info including phone and e-mail).*

A. PURPOSE

I have been informed that the purpose of the research is as follows … (*Please state the purpose of the research clearly and concisely, in no more than one or two sentences).*

B. PROCEDURES

Indicate in this section where the research will be conducted and describe in non-technical terms what the subjects will be required to do, the time required to do it, and any special safeguards being taken to protect the confidentiality or well being of the subject.

C. RISKS AND BENEFITS

Indicate in this section all potential risks of participation, and any benefits of participation.

D. CONDITIONS OF PARTICIPATION

- I understand that I am free to withdraw my consent and discontinue my participation at anytime without negative consequences.
- I understand that my participation in this study is (*pick appropriate word*):

  CONFIDENTIAL (i.e., the researcher will know, but will not disclose my identity)
  OR
  NON-CONFIDENTIAL (i.e., my identity will be revealed in study results)

- I understand that the data from this study may be published.
  OR
  I understand that the data from this study will not be published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____

SIGNATURE _____

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance unit, Concordia University, at (514) 848-2424 x2425 or by email at kwiscomb@alcor.concordia.ca .