

Form F_14: Locally Responsible Investigator Form for External Investigators/Researchers

***(Please complete this form if you are an external researcher
i.e. not a CCITAL faculty member, student, administrator or other employee)***

Please email to: rebcoordinator@conestogac.on.ca

Project Title:

Name of Principal Investigator:

Department / School / Affiliation:

Principal Investigator (PI)

As the PI, I assume full responsibility for the scientific and ethical conduct of the research project as described in the application form submitted to Conestoga College's Research Ethics Board (REB) by _____ and dated _____ (the project). I agree to conduct this research in compliance with the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans, (TCPS2) guidelines, Conestoga College policies and procedures and any other relevant regulations and requirements. I certify that all researchers and other personnel involved in this project at Conestoga College are appropriately qualified and experienced or will undergo appropriate training to fulfill their role in this project prior to the commencement of this project. I have obtained all necessary resource utilization signatures and all costs associated with the use of these resources have been declared. On behalf of my research team, I recognize the importance of maintaining the confidentiality of all personal information, including personal health information, obtained during the course of this project and the privacy of individuals with respect to that information. I will ensure that the personal information is used only as necessary, to fulfill the specific research objectives and related research questions in the application form submitted and approved by Conestoga College's REB, including all conditions and restrictions imposed by Conestoga College's REB governing the use, security, disclosure, return or disposal of the research participants' personal information. I agree to take any further steps required by Conestoga College's REB and/or Conestoga College to ensure that the confidentiality and security of the personal information is maintained in accordance with the *Personal Health Information Protection Act 2004* (PHIPA), its accompanying regulations and the Tri-Council Policy Statement (TCPS2). For projects requiring

a Locally Responsible Investigator (LRI) I agree to keep the LRI informed of the status of the project and acknowledge that the provision for a LRI in no way reduces or nullifies my responsibilities as articulated above.

Agreed to and accepted by:

Signature of the PI _____ Date _____

Witness _____ Date _____

Locally Responsible Investigator (LRI)
(To be used only when the PI is not a Conestoga College staff/ faculty member)

I have reviewed the application to the REB submitted by _____ and dated _____
(please insert **project name**). As the LRI,:

- I agree to serve as a liaison to the PI and facilitate links to appropriate persons and/or resources at Conestoga College at the request of the PI.
- I agree to maintain contact with the PI and to keep the PI informed of the status of the research. I will ensure that a final report is submitted to the REB by the PI.
- I have experience with the research method.
- I have completed the TCPS 2 tutorial and submitted my certificate of completion to the REB Coordinator.
- I do not see any real or perceived conflict of interest (e.g. Teacher/student relationship or financial benefit).
- I will monitor the processes and procedures set out in the research application to ensure they are applied as approved.
- I am available to serve as an LRI for this one-year approval period.

Agreed to and accepted by:

Signature of LRI _____ Date _____

Please print name of LRI, program/department, and school affiliation _____

Witness _____ Date _____