

Research Ethics Board REVIEWER COMMENTS AND RECOMMENDATIONS

Applicant and Study Summa	ry Information
Faculty/Principal Investigator:	Click here to enter text.
Student Investigator: Click here	e to enter text.
Other Team members: Click he	ere to enter text.
Study Title: Click here to enter t	ext.
REB Number: Click here to ente	er text.
Describe your concerns or coll	egial comments below:
Major Concerns:	
Minor Concerns:	
Collegial Comments/Suggestions:	
Reviewer's Recommendation:	
☐Ethics Clearance (without hesit	ration)
☐Ethics Clearance (subject to cla	arification of minor concerns)
☐Defer Ethics Clearance (subject	ct to clarification of major concerns)
☐Recommend Not Cleared	
Reviewer:	
Date of Review:	

Reviewer Checklist

Please complete this checklist as you review the protocol. Please indicate whether the researcher has given adequate consideration and safeguards to the following areas of concern. *NOTE: CR = Clarification Required; N/A = Not Applicable

APPLICANT AND PROJECT DETAILS				
	Yes	No	CR	NA
TCPS2 Completed by all team members and certificates provided				
Do the individuals have the experience and qualifications to conduct				
this type of research				
Partners and role clear				
Other REB approvals				
Scholarly Merit Review				
Comments: Click here to enter text.				
RESEARCH PROJECT DESCRIPTION				
Purpose and Background:	Yes	No	CR	NA
Is the research question clearly stated?				
Comments: Click here to enter text.				
Social and Scientific Value:	Yes	No	CR	NA
Will the research generate knowledge that could reasonably benefit				
society or well-being?				
Comments: Click here to enter text.				
Methodology/Procedures:	Yes	No	CR	NA
Is the methodology/design adequate to answer the research question?				
Is the sample size sufficient to answer the research question?				
Is the data analysis adequately described?				
Is the data analysis appropriate?				
Comments: Click here to enter text. RECRUITMENT OF PARTICIPANTS AND PARTICIPATION				
	Voc	No	CB	NIA
Inclusion / Exclusion Criteria Are criteria for inclusion/exclusion equitable (i.e. no exclusions on basis	Yes	No	CR	NA
of race, age, gender, etc)? Does the nature of the research create vulnerability for any of the				+
groups listed below?Check all that apply:				
People with relevant health issues				
People in medical emergencies				
Aboriginal people People in poverty				
People in long-term care People in prison				
People with mental-health issues People who are unable to consent				

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1 1 Othor				
Other:				
Have the TCPS2 guidelines been followed in the recruitment of these				
individuals?				
Comments: Click here to enter text.				
Porticipant Pooruitments				
Participant Recruitment:	Yes	No	CB	NA
Do you have any concerns about incontrantiate inducement?	res	No	CR	INA
Do you have any concerns about inappropriate inducement?				
Does the recruitment process violate the participant's privacy in any				
way? Has someone within the participant's circle of care or within the				
organization made the initial contact on behalf of the investigator?				
Are recruitment procedures in any way coercive or unduly influential?				
Comments: Click here to enter text.				
Comments: Click here to enter text.				
YUKON FIRST NATIONS				
TORON FIRST NATIONS	Yes	No	CR	NA
Is there evidence of consultation with First Nations?	163	INO	CIX	IVA
Have they provided written evidence of consultation and assent from				
First Nations?				
Does this project include First Nations members in any way?				
Do they have a research agreement with First Nations participants?				
Any considerations given for intellectual property or data ownership?				
Comments: Click here to enter text.				
Comments: Click here to enter text.				
	Yes	No	CR	NA NA
Comments: Click here to enter text. RISK/BENEFIT ASSESSMENT	Yes	No	CR	NA
Comments: Click here to enter text. RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study?	Yes	No	CR	NA .
Comments: Click here to enter text. RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply):	Yes	No	CR	NA NA
Comments: Click here to enter text. RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): □ Physical	Yes	No	CR	NA
RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): Physical Psychological/Emotional	Yes	No	CR	NA
RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): Physical Psychological/Emotional Legal	Yes	No	CR	NA NA
RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): Physical Psychological/Emotional Legal Social	Yes	No	CR	NA
RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): Physical Psychological/Emotional Legal Social Economic	Yes	No	CR	NA
RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): Physical Psychological/Emotional Legal Social Conomic Academic	Yes	No	CR	NA NA
RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): Physical Psychological/Emotional Legal Social Economic	Yes	No	CR	NA
RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): Physical Psychological/Emotional Legal Social Economic Academic Other Are risks to participants minimized by a sound research design?	Yes	No	CR	NA
RISK/BENEFIT ASSESSMENT Is this considered a minimal risk study? Are there any of the following possible risks (check any that apply): Physical Psychological/Emotional Legal Social Economic Academic Other Are risks to participants minimized by a sound research design? Are risks to participants reasonable in relation to anticipated benefits to	Yes	No	CR	NA
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Comments:Click here to enter text.					
PRIVACY AND CONFIDENTIALITY OF DATA					
Data Collection, Storage, Protection and Transmission:	Yes	No		CR	NA
Will data be collected at the lowest level of identifiability possible (e.g.					
initials instead of a name, age instead of DOB)?					
Are adequate provisions made to protect the privacy of participants and					
to maintain the confidentiality of the data?					
Plan to ensure confidentiality of data is adequate?					
Plan to ensure security and encryption of data is adequate?					
Plan to ensure transmission/movement of data is adequate?					
Plan for deletion of the data is adequate?					
Comments: Click here to enter text.					
USE OF DATA					
OSE OF DATA	Yes	No	,	CR	NA
Clear details on how data use will support research objectives	163	140		<u> </u>	117
Any future data use planned?					
Methods of dissemination indicated and details included in consent					
form.					
INFORMATION SHEET AND CONSENT FORM					
INFORMATION SHEET AND CONSENT FORM		Yes	No	CR	NΔ
		Yes	No	CR	NA
Has the Yukon University consent form template been used?	n	Yes	No	CR	NA
Has the Yukon University consent form template been used? Are information/consent documents appropriately headed and printed i	n	Yes	No	CR	NA
Has the Yukon University consent form template been used?		Yes	No	CR	NA
Has the Yukon University consent form template been used? Are information/consent documents appropriately headed and printed in large enough type? Are information/consent documents free of <u>unexplained</u> technical terms, acronyms & jargon?		Yes	No	CR	NA
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Comments: Click here to enter text.

STUDY PROCEDURES:				1
A	Yes	No	CR	NA
Are any screening procedures included in the information sheet?				
Are participant responsibilities described (e.g. order of procedures, amount of time required)?				
Comments: Click here to enter text.				•
RISKS & BENEFITS				
	Yes	No	CR	NA
Are the foreseeable risks clearly described and the probability of their				
occurrence given? (e.g., psychological - risk of embarrassment, stress, etc.)				L
Are the potential benefits described? If there is no intended benefit to the				
participant, is this clearly stated?				
Comments: Click here to enter text.				
COMPENSATION OR REIMBURSEMENT				
	Yes	No	CR	NA
If participants are to be compensated or reimbursed for their participation,	1.00		0	1
are the conditions and the amount of the compensation described including				
what happens should the participant withdraw from the study?				
Comments: Click here to enter text.	•		l.	
CONFLICT OF INTEREST AND COMMERCIALIZATION				
	Yes	No	CR	NA
Conflict of interest issues are clearly described?				
Commercialization potential is clearly outlined and complete?				
Comments: Click here to enter text.				
PRIVACY & CONFIDENTIALITY	Yes	No	CR	NA
Does the Information sheet describe:				
 Procedures to ensure confidentiality of data and anonymity of 				
participants' data?				
How the data will be used?				
Length of data retention?				
 Measures to ensure physical security of data? 				
If information will be released to any other party for any reason, does the				
Information sheet:				
 State the persons/agencies with whom the information will be shared? 				
What may be disclosed?				
• What may be disclosed:				
The purpose of the disclosure?				

WITHDRAWAL

	Yes	No	CR	NA
Does the Information sheet explain:				
 Whether the participant has the choice not to answer any of the questions, and if not, why? 				
That the participant can withdraw from the study at any time?				
 Whether data can be removed from the study after it has been submitted, and if not, why the data cannot be removed? 				

Comments: Click here to enter text.

CONTACTS	Yes	No	CR	NA
Is the participant told whom to contact regarding the study?				
Is the participant told whom to contact about their rights as a research				
participant (YukonU REB)				İ

Comments:

CONSENT/SIGNATURE PAGE	Yes	No	CR	NA
Is the Consent form written in the first person singular ("I", "me", "my")?				
Does the Consent form indicate that the participant understands and agrees				
to participate in the research?				
Are the appropriate signatures provided (i.e. printed name and signature of				
the participant or their legally authorized representative, the person obtaining				
consent and the date of each signature)?				
Will minors give assent to the research, in addition to the guardian's				
consent? Is an Assent form included?				
Does the consent include a statement that "I will receive a SIGNED copy of				
this form"?				
Is the consent form on institutional letterhead?				

Comments:

APPENDICES	Yes	No	CR	NA
Are all required documents attached?				
TCPS2 Certificates				
Ethics approval from partner institutions				
Research agreements, proof of consultation and approval from Yukon FN				
Research licence				
Recruitment materials				
Debriefing materials/forms				
Project overview				

Missing items: