Ethics Review Board

Ethics Renewal Form

This form is to be used when applying for an annual renewal of ethics approval.

ERB project approval can be granted for a maximum of one year (TCPS 2, 2014). Projects not completed in the first year of review require annual renewal of the approval, however the ERB may require more frequent renewal for some high-risk projects.

If any significant changes have been made to the protocol and have not yet been reported to the ERB, please complete and submit the ERB Amendment Form (see form for further directions).

To submit an Ethics Renewal Form, email the form and any supplementary documentation to ethics@oahpp.ca.

For assistance completing this form, contact your PHU’s ethics designate, or PHO Ethics Services at ethics@oahpp.ca.

Version date (PHO internal use only): Click here to enter a date.

1. Project Information

ERB project identification number (ID): Enter project ID number

Project title: Enter project title.

ERB Approval Date: Click here to enter a date.

ERB Expiration Date: Click here to enter a date.

1. [Lead Applicant](#LeadApplicant)

(The authorized individual responsible for the scientific and ethical conduct of the project and for the conduct of the project team)

First Name: Enter first name.

Last Name: Enter last name.

*Complete the following section if the information has changed since the original PHO ERB Project Application Form submission.*

Job title: Enter job title here.

Program area or department: Enter program area or department.

Public health unit or organization name: Enter organization name.

Mailing address: Enter mailing address.

Phone: Enter phone number.

Email: Enter email.

1. Project Team Members (Not lead or supervisor)

Has there been a change to the project team?

[ ]  No

[ ]  Yes. A list of additional project team members (including names, titles, roles in the project, and contact information) is appended.

1. Other Ethics Board Approvals

Is any part of the project being conducted with support or involvement from another institution or site (e.g. school board, hospital) that was not previously identified in the prior ERB application?

[ ]  No

[ ]  Yes – If yes, specify: Enter name of supporting institution and description of their involvement.

**Please note**: This renewal form applies to PHO only, and ethics approval must be renewed at each project site.

If another Research Ethics Board (REB) has reviewed this project, please provide the name of the board, indicate whether renewal is complete or pending and submit a copy of the renewal approval letter with this form.

Enter name of other reviewing REB and status of review.

1. Funding

Have there been any changes in funding status for this project?

[ ]  No

[ ]  Yes

If **yes**, please explain: Enter explanation of change in funding status.

1. Conflict of Interest

Are there any new conflict of interest disclosures required for this project?

[ ]  No.

[ ]  Yes. If **yes**, please explain:

Enter description of new conflict of interest.

1. Project Summary, Progress And Results
2. Provide a brief summary (approx. 150 words) of project progress, or any interim findings over the past 12 months. Please include status of participant recruitment, data collection, and analysis:

Enter summary of project progress and interim findings.

1. Have there been any changes to the project protocol, consent process, or documents that have not yet been reported to the ERB?

[ ]  No

[ ]  Yes

If **yes**, please submit an **ERB Project Amendment Form** in addition to this renewal form.

1. Have there been any changes in project personnel who interact with participants or have access to personal data that have not yet been reported to the ERB?

[ ]  No

[ ]  Yes

If **yes**, please confirm that they have had appropriate training or authorization and provide details.

Describe the training or authorization the new project member has received.

1. Since the last ERB review, have there been any changes in your assessment of the risk (physical, psychological, social or legal) and potential benefit of the project based on your findings?

[ ]  No

[ ]  Yes

If **yes**, please describe: Describe the change in risk or benefit.

1. Since the last ERB review, have there been any changes in your assessment of the foreseeable impacts (positive or negative) on **health equity** for any groups?

[ ]  No

[ ]  Yes

If **yes**, please describe: Describe the change in impact on health equity.

1. Privacy, Confidentiality And Data Security

In order to fulfill privacy requirements, project teams must de-link identifying information, encrypt personally identifiable information, and only allow personnel access to data on a need-to-know basis. Please confirm that these requirements have been met, and elaborate if they have not.

Enter confirmation that privacy requirements have been met, or explain if they have not been met.

1. Signatures

As the lead applicant of this project, I assume full responsibility for the scientific and ethical conduct of this activity as described in this application and accompanying documents. I agree to conduct this activity in compliance with the [Tri-Council Policy Statement 2 (TCPS2 2018)](http://www.pre.ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf), and other legislation as appropriate.

Name: Click here to enter name.

Date: Please select date.

Signature: Please sign on the line below, scan and send this page with this application form
**OR** add a scanned signature image to the image field below.

Please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR** Double click on the field below to select an image file.



Contact Information

Contact us at: [ethics@oahpp.ca](file://OTO101PFILE01V.oahpp.ca/Kate.Curzon%24/PHO%20Graphic%20Design%20Files/Forms/ERB_forms/ethics%40oahpp.ca)

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