**Administrative Review and WATERLOO-WELLINGTON RESEARCH ETHICS BOARD (WWREB; formerly known as THREB)**

**INSTRUCTIONS AND SUBMISSION CHECKLIST**

|  |  |  |  |
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| All initial application packages must be submitted for Administrative Review by the site(s) at which the research will be conducted. Once administrative approval is given, the application package may be submitted to the Waterloo-Wellington Research Ethics Board (WWREB) for ethics review.  Please use this Submission Checklist below to ensure your application is complete, and email  the entire application package to the applicable institutional research representative(s):   |  |  |  | | --- | --- | --- | | **Grand River Hospital:**  Sarah Laferriere,  Manager,  Research and Clinical Trials  [Sarah.laferriere@grhosp.on.ca](mailto:Sarah.laferriere@grhosp.on.ca)  (519) 749-4300 x2876 | **St. Mary’s General Hospital**:  Brittany Spadafore,  Research Coordinator  [bspadafo@smgh.ca](mailto:bspadafo@smgh.ca) | **Cambridge Memorial Hospital**:  Lisa Costa  Privacy and Risk Lead  [lcosta@cmh.org](mailto:lcosta@cmh.org) | |

**1) Full Study Title:**

**2) Study local PI:**

**3) Initial Application Submission Checklist:**

**Submit this completed checklist along with the following documents:**

|  |  |  |
| --- | --- | --- |
| **Included** | **N/a** | **Enclosed documents** |
|  |  | **Administrative Approval of Research Form** |
|  |  | **Institutional Training Requirements\* (Good Clinical Practice, Division 5, Tri Council Policy Statement (TCPS 2) required for all study team members conducting research on behalf of affiliated hospitals.** |
|  |  | **Prospective Application** **Form** with all required signatures |
|  |  | **Retrospective Application form** with all required signatures |
|  |  | **Study protocol** (must be submitted for all studies) (include version date: DD-MM-YYYY in footer & page numbers) |
|  |  | **Itemized Budget** (including per patient cost breakdown and overhead if applicable) |
|  |  | **Informed Consent Form(s)** (ICF) Must include hospital letterhead, page numbers, and a version date: DD-MM-YYYY in footer. |
|  |  | **Participant Documents (documents that will be given to, read to, or seen by participants)**  (e.g., non-standardized questionnaire/survey, information sheets, diary, advertisement, interview guide, focus group guide, telephone script, etc…). All documents must include a version date and page numbers.  **List Documents (include version date: DD-MMM-YYYY):** |
|  |  | **Other** (e.g., Data Collection Form(s), DSMB Charter, etc…)  **List ALL Other Documents to Be Submitted to WWREB:** |
|  |  | **Product monograph(s) or Investigator’s Brochure (IB) or Medical Device Instructions** |
|  |  | **Clinical Trials Registration Number** |
|  |  | **Health Canada No Objection Letter/Investigational Testing Authorization (ITA)/Notice of Authorization (NOA)** |

**4) Type of Review Requested**  
 Full Board Review: electronic copies of all study documents to applicable hospital research representative(s)

Delegated Review: electronic copies of all study documents to applicable hospital research representative(s)

**5) Contracts:**If ANY money, data, or material (biological or otherwise) is being transferred outside of or between institutions/parties, a contract/agreement will be required. If the above applies to this study, contact the applicable hospital research representative(s) to facilitate any contracts/agreements.

The applicable Contracts Office(s) has/have been or will be contacted

This study does not involve transfer of money, data or material (biological or otherwise).

**6) Is this an Industry-Sponsored/Supported study?**

No  
 Yes

If YES, complete the below table

|  |  |
| --- | --- |
| **Invoicing Information for Industry-Sponsored/Supported Studies (please contact the THREB Chair for consideration of a fee waiver request at** [**wwreb@grhosp.on.ca**](mailto:Alison.williams@grhosp.on.ca)**)**  Initial WWREB review: $3000.00 CAD  Annual renewals & amendments: $500.00 CAD | |
| Invoice to: | |
| Contact Name: | |
| Telephone: | Email: |
| Street Address: | Suite: |
| City: | Province/State: |
| Country: | Postal/Zip Code: |

Invoicing will be issued by the WWREB administrative assistant for full board or delegated review services provided by the WWREB for industry-sponsored/supported studies. The current list of fees applies and may be subject to change without notice.