

Date: September 18, 2009 2:20:03 PM PDT

Print Close



*The University of British Columbia
Office of Research Services
Behavioural Research Ethics Board
Suite 102, 6190 Agronomy Road
Vancouver, BC V6T 1Z3*

H09-02384 Links to Literacy in French (Version 0.1)**Principal Investigator: Wendy Carr****1. Principal Investigator & Study Team - Human Ethics Application [\[View Form\]](#)**

1.1. Principal Investigator Please select the Principal Investigator (PI) for the study. Once you hit Select, you can enter the PI's name, or enter the first few letters of his or her name and hit Go. You can sort the returned list alphabetically by First name, Last name, or Organization by clicking the appropriate heading.

Last Name	First Name	Employer.Name	Email
Carr	Wendy	Language and Literacy Education	

Enter Principal Investigator Primary Department and also the primary location of the PI's Institution:

Language and Literacy Education Department, UBC Vancouver

1.2. Primary Contact Provide the name of ONE primary contact person in addition to the PI who will receive ALL correspondence, certificates of approval

and notifications from the REB for this study. This primary contact will have online access to read, amend, and track the application.

1.3. Co-Investigators List all the Co-Investigators of the study. These members WILL have online access which will allow them to read, amend and track the application. These members will be listed on the certificate of approval (except BC Cancer Agency Research Ethics Board certificates). If this research application is for a graduate degree, enter the graduate student's name in this section.

Last Name	First Name	Institution/Department	Rank
		UBC/Education	Graduate Student

1.4. Additional Study Team Members - Online Access List the additional study team members who WILL have online access to read, amend, and track the application but WILL NOT be listed on the certificate of approval.

Last Name	First Name	Institution/Department	Rank
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1.5. Additional Study Team Members - No Online Access Click Add to list study team

Last	First	Institution /	Rank / Job	Email
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<i>members who WILL NOT have online access to the application and will NOT be listed on the certificate of approval.</i>	Name	Name	Department	Title	Address
<i>1.6.1. All undergraduate and graduate students and medical residents are expected to complete the TCPS Tutorial before submission. It is strongly recommended that the Principal Investigator and all Co-Investigators are familiar with the TCPS. Indicate completion of the TCPS tutorial below: All Undergraduate/Graduate Students:</i>	Yes				
<i>1.6.2. All Medical Residents:</i>	N/A (no medical residents participating in this study)				
<i>Comments:</i>	None				
<i>1.7. Project Title Enter the title of this research study as it will appear on the certificate. If applicable, include the protocol number in brackets at the end of the title.</i>	Adapting and implementing "Links to Literacy" in French in a Grade 1 French Immersion classroom.				
<i>1.8. Project Nickname Enter a nickname for this study. What would you like this study to be known as to the Principal Investigator and study</i>	Links to Literacy in French				

<i>team?</i>	
<i>NOTE, if this application was converted to RISE from our previous database, ORSIL, here is the previous ORSIL application number for your information.</i>	
2 Study Dates and Funding Information - Human Ethics Application [View Form]	
<i>2.1. A. Start date:</i>	October 8, 2009
<i>2.1. B. End date:</i>	March 11, 2010
<i>2.2. Types of Funds Please select the applicable box(es) below to indicate the type(s) of funding you are receiving to conduct this research. You must then complete section 2.3 and/or section 2.4 to enter the name of the source of the funds to be listed on the certificate of approval.</i>	No Funding
<i>If you selected Other, specify the type of funding below.</i>	
<i>2.3. Research Funding Application/Award Associated with the Study Submitted to the UBC Office of Research Services Please click Add to identify the research funding application/award associated with this</i>	

<p><i>study. Selecting Add will list the sources of all research funding applications that have been submitted by the PI (and the person completing this application if different from the PI). If the research funding application/award associated with this study is not listed below, please enter those details in question 2.4.</i></p>	<p>UBC Number</p>	<p>Title</p>	<p>Sponsor</p>
<p><i>2.4. Research Funding Application/Award Associated with the Study not listed in question 2.3. Please click Add to enter the details for the research funding application/award associated with this study that is not listed in question 2.3.</i></p>	<p>UBC Number</p>	<p>Title</p>	<p>Sponsor</p>
<p><i>2.5. Conflict of Interest Do any of the following statements apply to the Principal Investigator, Co-Investigators and/or their partners/immediate family members? Receive personal benefits in connection with this study over and above the direct cost of conducting</i></p>			

this study. For example, being paid by the funder for consulting. (Reminder; receiving a finders fee for each subject enrolled is not allowed). Have a non-financial relationship with the sponsor (such as unpaid consultant, advisor, board member or other non-financial interest). Have direct financial involvement with the sponsor (source of funds) via ownership of stock, stock options, or membership on a Board. Hold patent rights or intellectual property rights linked in any way to this study or its sponsor (source of funds).

no

4. Study Review Type - Human Ethics Application [\[View Form\]](#)

4.1. UBC Research Ethics Board Indicate which UBC Research Ethics Board you are applying to and the type of study you are applying for:

UBC Behavioural Research Ethics Board - Behavioural

4.2. Institutions and Sites for Study A. Enter the locations for the institutions and sites where the research will be carried out under this

Research Ethics Board approval (including specimens processed by pathology, special radiological procedures, specimens obtained in the operating room, or tissue requested from pathology). Click Add and enter the appropriate letter to see the locations for the institutions and sites where the research will be carried out under this Research Ethics Board approval: B for BC Cancer Agency C for Children's and Women's Health Centre of BC P for Providence Health Care U for UBC Campus V for Vancouver Coastal Health (VCHRI/VCHA). If you are NOT using any of these sites select N/A from the list.

Institution

UBC

Site

Vancouver (excludes UBC Hospital)

B. Please enter any other locations where the research will be conducted under this Research Ethics Approval (e.g. private physician's office, community centre, school, classroom, subject's home, in the field - provide details).

Co-investigator's Grade 1 French Immersion classroom at XXX School, Room XX and Resource Teacher's room, 1075 XXX Avenue, XXXX, B.C V5B 3x9

<p>4.3. A. If this proposal is closely linked to any other proposal previously/simultaneously submitted, enter the Research Ethics Board number of that proposal.</p>	N/A
<p>B. If applicable, please describe the relationship between this proposal and the previously/simultaneously submitted proposal listed above.</p>	N/A
<p>C. Have you received any information or are you aware of any rejection of this study by any Research Ethics Board? If yes, please provide known details and attach any available relevant documentation in question 9.8.</p>	no
<p>4.4. If this research proposal has received any independent scientific/methodological peer review, please include the names of committees or individuals involved in the review. State whether the peer review process is ongoing or completed. A. External peer review details:</p>	N/A
<p>B. Internal (UBC or</p>	

<i>hospital) peer review details:</i>	N/A
<i>C. If this research proposal has NOT received any independent scientific/methodological peer review, explain why no review has taken place.</i>	N/A
<i>4.5. After reviewing the minimal risk criteria on the right, does your application fall under minimal risk (and therefore is eligible to be considered for Delegated Review, executive review or review by an Undergraduate Research Review Committee)?</i>	yes
4A. Study Review Type - Undergraduate Behavioural Research [View Form]	
<i>4. A1. Has this study been approved by another Canadian Research Ethics Board?</i>	no
<i>If Yes, provide the name of the Research Ethics Board (REB) and the REB contact information below and proceed to the next page. Attach all relevant documentation in Section 9 of the form, including all documents submitted to the other Canadian REB. The application and</i>	

<p><i>correspondence between the researcher and the REB must be attached in Question 9.8. If No complete question 4. A2.</i></p>	
<p><i>4. A2. Does this study involve individual, honours thesis or course based research by UNDERGRADUATE students that is being conducted as part of an undergraduate course offered by The University, that is NOT PART OF A FACULTY MEMBER'S research program</i></p>	<p>no</p>
<p><i>If Yes, please select the applicable Undergraduate Student Research Review Committee from the list of established committees below. NOTE: There are currently no committees established, so please select No Research Committees Available:</i></p>	
<p>5. Summary of Study and Recruitment - Human Ethics Application [View Form]</p>	
<p><i>5.1.A Provide a short summary of the project written in lay language suitable for non-scientific REB members. DO NOT</i></p>	<p>"Links to Literacy" is a 14 week program designed to teach early primary students phonological skills as they begin their schooling and start to learn to read. Examples of phonological skills are learning about words, sentences, syllables, words that rime, the sounds that letters represent and to segment words in smaller units. Research the last 20 years indicates that these skills are important in the early years when children start to learn to read. This program was piloted in a number of</p>

<p><i>exceed 100 words and do not cut and paste directly from the study protocol.</i></p>	<p>Burnaby schools during the last school year.</p> <p>As the project is in English, I am adapting it in French for French Immersion early primary classes. Few, if any, programs are designed specifically for French Immersion classes. Programs are either for Francophones in Quebec or in France.</p>
<p><i>5.1.B Summarize the research proposal:</i></p>	<p>Purpose</p> <p>To adapt and implement "Links to Literacy" from English to French in a Grade 1 French Immersion classroom</p> <p>After the study, I will help other French Immersion teachers in our school district to implement the adapted program in their classrooms.</p> <p>Research question</p> <p>What will the results of the implementation of an adapted program from English to French imply for the French Immersion Program?</p> <p>Objectives</p> <p>The program will allow students to improve their phonological awareness and skills as they start to learn to read. It will also allow the classroom teacher and the Resource (or helping teacher) to identify and help as soon as possible students who are at risk of performing poorly in Reading.</p> <p>Research Method and Statistical Analysis</p> <p>It is a classroom educational field study and will be conducted in my own classroom. There will be 22 students.</p> <p>A pre-test and a post-test will be conducted. The results or data will be used to determine students' progress in</p>

phonological awareness. The classroom teacher will be implementing a 14 week program based on the teaching of phonological skills in a systematic and sequential way.

Observational field notes will be taken and used for analysis.

5.2. Inclusion Criteria. Describe the subjects being selected for this study, and list the criteria for their inclusion. For research involving human pluripotent stem cells, provide a detailed description of the stem cells being used in the research.

The subjects in the study are all the students in my Grade 1 French Immersion classroom.

5.3. Exclusion Criteria. Describe which subjects will be excluded from participation, and list the criteria for their exclusion.

N/A

5.4. Provide a detailed description of the method of recruitment. For example, describe who will contact prospective subjects and by what means this will be done. Ensure that any letters of initial contact or other recruitment materials are attached to this submission on Page 9.

A letter informing the students' parents will be sent home by myself and consent will be requested. See attached on Page 9.

5.5. Describe how prospective normal/control subjects

<p><i>will be identified, contacted, and recruited, if the method differs from the above.</i></p>	<p>N/A</p>
<p><i>5.6 If existing records (e.g. health records, clinical lists or other records/databases) will be used to IDENTIFY potential subjects, please describe how permission to access this information, and to collect and use this information will be obtained.</i></p>	<p>At the beginning of each school year, the school based team (the school principal, the counsellor and the helping teacher) shares information on students with the classroom teacher. This information is confidential.</p>
	<p>A pre-test is conducted on students at the beginning of the program to determine their level of phonological awareness. Usually, the school conducts such tests for the same reasons and to identify which students need extra help. For this study, the results of the pre-test will allow the Resource teacher and I to divide the class into 4 groups according to their level of phonological awareness. It will allow us to conduct small group lessons.</p> <p>The composition of those groups will be evaluated at the end of each week and changed all through the 14 week implementation of the program. All students will receive the same instruction.</p> <p>Usually, the classroom teacher will refer the students with the lowest ability to the Resource teacher for extra help. For the purpose of this study, the classroom teacher will be working with the groups displaying the lowest levels of ability while the Resource teacher will be working with the groups displaying the higher levels of ability.</p>

5.7. Summary of Procedures

The Resource teacher will continue to work with the group showing the lowest level of ability separately in the resource room as is the usual practice at school and consent from parents will be requested. For the purpose of the study, the Resource teacher is seen as working with students with both high and low level ability.

The 14 week program delivery is as follows on a weekly basis:

- 20 to 30 minute instruction by the classroom teacher to the whole class
- 20-30 minute small group instruction by the classroom teacher and Resource teacher in the classroom
- 20-30 minute extra help in the resource room for the group with the lowest level of ability
- the lessons are taught in a sequential way

Parental permission is requested for extra help by the resource teacher as is the usual practice.

Evaluation of students' ability is conducted after each lesson and notes are taken. A post-test is conducted at the end of the program and results are compared with the pre-test. Usually, the school uses a variety of data after each term to evaluate students' progress in Reading.

6. Subject Information and Consent Process - Human Ethics Application [\[View Form\]](#)

6.1. How much time will a subject be asked to dedicate to the project beyond that needed for normal care?

The program is for 14 weeks with a different skill taught each week. A lesson is usually taught to the whole class between 20 to 30 minutes. Students are taught in small groups on a different day during the same week for the same length of time. The resource teacher will give extra help for the same length of time to students displaying the lowest level of ability with parental consent.

6.2. If applicable, how much time will a normal/control volunteer

N/A

<i>be asked to dedicate to the project?</i>	
<i>6.3. Describe what is known about the risks (harms) of the proposed research.</i>	<p>The composition of the four initial groups will be reviewed after each week and will change during the 14 week study program. All students will be able to work with both classroom teacher and Resource Teacher.</p> <p>Parental consent will be asked as is the usual practice for extra help by the Resource teacher in the resource room.</p>
<i>6.4. Describe any potential benefits to the subject that could arise from his or her participation in the proposed research.</i>	<p>All students will benefit from the teaching of phonological skills. Regardless of students' individual ability, research indicates that many of these skills need to be taught as they are not learned implicitly. Students with lower level of phonological awareness will benefit the most as they will be identified and will be provided with help early in their formal schooling.</p>
<i>6.5. Describe any reimbursement for expenses (e.g. meals, parking, medications) or payments/gifts-in-kind (e.g. honoraria, gifts, prizes, credits) to be offered to the subjects. Provide full details of the amounts, payment schedules, and value of gifts-in-kind.</i>	N/A
<i>6.6. Specify who will explain the consent form and invite the subject to participate. Include details of where the consent will be obtained, and under what circumstances.</i>	<p>Parents will be informed of the project in writing and consent of data to be used will be requested. Students will be informed of the purpose of lessons taught as is the usual classroom practice.</p>
<i>6.6.A. If you are asking</i>	

<p><i>for a waiver or an alteration of the requirement for subject informed consent please justify the waiver or alteration and confirm that the study meets the criteria on the right.</i></p>	<p>The study will be incorporated in regular classroom instruction. Only the data will be used and analysed for the purpose of the study.</p> <p>The study meets the criteria on the right.</p>										
<p><i>6.7. How long after receiving the consent form will the subject have to decide whether or not to participate? If this will be less than twenty-four hours, provide an explanation.</i></p>	<p>The students' parents will be given two weeks to return the consent form.</p>										
<p><i>6.8. Will every subject be competent to give fully informed consent on his/her own behalf? Please click Select to complete the question and view further details.</i></p>	<table border="0"> <tr> <td style="vertical-align: top;"> <p>Will subject be competent to give fully informed consent?</p> </td> <td style="vertical-align: top;"> <p>Details of the nature of the incompetence</p> </td> <td style="vertical-align: top;"> <p>If not, who will consent on his/her behalf?</p> </td> <td style="vertical-align: top;"> <p>If not, will he/she be able to give assent to participate?</p> </td> <td style="vertical-align: top;"> <p>If Yes, explain how assent will be sought.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>No</p> </td> <td style="vertical-align: top;"> <p>Students are minors.</p> </td> <td style="vertical-align: top;"> <p>Parents or guardians</p> </td> <td style="vertical-align: top;"> <p>no</p> </td> <td style="vertical-align: top;"> <p>N/A. [Details]</p> </td> </tr> </table>	<p>Will subject be competent to give fully informed consent?</p>	<p>Details of the nature of the incompetence</p>	<p>If not, who will consent on his/her behalf?</p>	<p>If not, will he/she be able to give assent to participate?</p>	<p>If Yes, explain how assent will be sought.</p>	<p>No</p>	<p>Students are minors.</p>	<p>Parents or guardians</p>	<p>no</p>	<p>N/A. [Details]</p>
<p>Will subject be competent to give fully informed consent?</p>	<p>Details of the nature of the incompetence</p>	<p>If not, who will consent on his/her behalf?</p>	<p>If not, will he/she be able to give assent to participate?</p>	<p>If Yes, explain how assent will be sought.</p>							
<p>No</p>	<p>Students are minors.</p>	<p>Parents or guardians</p>	<p>no</p>	<p>N/A. [Details]</p>							
<p><i>6.9. Describe any situation in which the renewal of consent for this research might be appropriate, and how this would take place.</i></p>	<p>The renewal of consent might be requested if data from the study or other forms of data, e.g: photographs or videos are taken, and intended to be shared with parties or made public, other than the investigator.</p>										
<p><i>6.10. What provisions are planned for subjects, or those consenting on a subject's behalf to have</i></p>	<p>As I will be meeting the students' parents in the following</p>										

<i>subject's behalf, to have special assistance, if needed, during the consent process (e.g. consent forms in Braille, or in languages other than English).</i>	days, i will be able to gauge the languages spoken by all families. To my present knowledge and after my initial contact with them, they all speak and understand English very well either as a first or second language.
<i>6.11. Describe any restrictions regarding the disclosure of information to research subjects (during or at the end of the study) that the sponsor has placed on investigators, including those related to the publication of results.</i>	N/A
7. Number of Subjects - Human Ethics Application for Behavioural Study [View Form]	
<i>7.1. Indicate external approvals below: A. Other Institutions:</i>	yes
<i>B. Please select Add to enter the name of the institution and if you have already received approval attach the approval letter.</i>	Name of Institution School district # [View]
<i>C. Other Jurisdiction or Country:</i>	no
<i>D. Please select Add to enter the name of the jurisdiction or country and if you have already received approval attach the approval letter.</i>	Name of Jurisdiction or Country
<i>E. Has a Request for</i>	

<p><i>Ethics Approval been submitted to the institution or responsible authority in the other jurisdiction or country? (Send a copy to the Research Ethics Office when approval is obtained).</i></p>	yes
<p><i>F. If a Request for Approval has not been submitted, provide the reasons below:</i></p>	
<p><i>G. Does this research involve aboriginal communities or organizations; or aboriginals as an identified subject category?</i></p>	no
<p><i>If YES, ensure that you are familiar with the guidance documents linked on the right. Also attach a copy of the research agreement with the community (if available) in Question 9.8. Please describe the community consent process. If no community consent is being sought, please justify.</i></p>	
<p><i>7.2. A. How many subjects will be enrolled in the entire study? (i.e. the entire study world-</i></p>	22

<i>wide)</i>	
<i>B. How many control subjects will be enrolled in the study at this site?</i>	N/A
<i>7.3. Are any of the following procedures or methods involved in this study? Check all that apply.</i>	Action Research
<i>7.4. Who will actually conduct the study and what are their qualifications to conduct this kind of research? (e.g., describe relevant training, experience, degrees, and/or courses).</i>	I will be conducting the study. My qualifications are Bachelor of Arts, Teaching Certificate, current enrolment as graduate student at UBC and Elementary French Immersion Teacher in School District # since XXXX.
8. Confidentiality - Human Ethics Application for Behavioural Study [View Form]	
<i>8.1. How will data be stored? (e.g. computerized files, hard copy, videotape, audio recordings, PDA, other) How will security of the data be maintained? (For example, study documents must be kept in a secure locked location and computer files should be password protected and encrypted, data should not be stored or downloaded onto an unsecured computer or portable lap-top, backup files should be stored appropriately). If any</i>	Data will be stored in a locked filing cabinet in the Resource Teacher's room which is right across from my classroom at XXXX School.

<p><i>data or images are to be kept on the Web, what precautions have taken to prevent it being copied?</i></p>	
<p><i>8.2. Who will have access to the data? (For example, co-investigators or students). How will all of those who have access to the data be made aware of his or her responsibilities concerning privacy and confidentiality issues?</i></p>	<p>The Principal of the school, XXXX XXXX, the Resource teacher - XXXX XXXX, the investigator, Wendy Carr, and I will have access to the data. The School Principal has a Masters Degree in Education, the Resource teacher has completed her Masters Degree in Special Education last year and the investigator is a faculty member at UBC. All are aware of privacy and confidentiality issues. All information on students is confidential.</p>
<p><i>8.3. Describe how the identity of research subjects will be protected both during and after the research study, including how subjects will be identified on data collection forms A. Will any data that identify individuals be transferred (available) to persons or agencies outside of the University?</i></p>	<p>no</p>
<p><i>B. If YES, describe in detail what identifiable information is released, to whom, how the data will be transferred, how and where it will be stored and what safeguards will be used to protect the identity of subjects and the privacy</i></p>	

of their data. Attach the data transfer agreement if applicable.

8.4. Give details of where and for how long the data or audio/video tapes will be stored. UBC policy requires that data be kept for at least 5 years within a UBC facility. If you intend to destroy the data at the end of the storage period describe how this will be done to ensure confidentiality (e.g. tapes should be demagnetized, paper copies shredded). UBC has no explicit requirement for shredding of data at the end of this period; however, destruction of the data is the best way of ensuring that confidentiality will not be breached. Please note that the responsibility for the security of the data rests with the Principal Investigator.

In consultation with Wendy Carr, the principal investigator, I will shred the data following UBC's practice of storage and disposal of data within the time recommended.

8.5. Are there any plans for future use of either data or audio/video recordings? Provide details, including who will have access and for what purposes, below.

There are no plans for future use of data collected for the study.

<p>8.6. Are there any plans for feedback on the findings or results of the research to the subject? Provide details below.</p>	<p>Parents will be informed of their children's progress on phonological skills at the end of each term when they receive their children's report cards.</p> <p>At the end of the school year, a letter will be sent to parents thanking them for consenting that the data from the study to be used. They will be informed in general terms about the findings of the study.</p>
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9. Documentation - Human Ethics Application [\[View Form\]](#)

<p>9.1.A. Protocol Examples of types of protocols are listed on the right. Click Add to enter the required information and attach the documents.</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Version</th> <th>Date</th> <th>Password (if applicable)</th> <th></th> </tr> </thead> <tbody> <tr> <td>Research proposal timeline</td> <td>N/A</td> <td>September 13, 2009</td> <td>N/A</td> <td>[View]</td> </tr> <tr> <td>Research proposal</td> <td>N/A</td> <td>September 13, 2009</td> <td>N/A</td> <td>[View]</td> </tr> </tbody> </table>	Name	Version	Date	Password (if applicable)		Research proposal timeline	N/A	September 13, 2009	N/A	[View]	Research proposal	N/A	September 13, 2009	N/A	[View]
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Research proposal timeline	N/A	September 13, 2009	N/A	[View]												
Research proposal	N/A	September 13, 2009	N/A	[View]												
<p>9.1.B. Health Canada regulatory approval (receipt will be acknowledged)</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Version</th> <th>Date</th> <th>Password (if applicable)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Version	Date	Password (if applicable)											
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<p>9.1.C. FDA IND or IDE letters (receipt will be acknowledged)</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Version</th> <th>Date</th> <th>Password (if applicable)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Version	Date	Password (if applicable)											
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<p>9.2. Consent Forms Examples of types of consent forms are listed on the right. Click Add to enter the required information and attach the forms.</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Version</th> <th>Date</th> <th>Password (if applicable)</th> <th></th> </tr> </thead> <tbody> <tr> <td>Parents' Consent letter</td> <td>N/A</td> <td>September 13, 2009</td> <td></td> <td>[View]</td> </tr> </tbody> </table>	Name	Version	Date	Password (if applicable)		Parents' Consent letter	N/A	September 13, 2009		[View]					
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<p>9.3. Assent Forms Examples of types of assent forms are listed on the right. Click Add to enter the required information and attach</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Version</th> <th>Date</th> <th>Password (if applicable)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Version	Date	Password (if applicable)											
Name	Version	Date	Password (if applicable)													

<i>the forms.</i>	
<i>9.4. Investigator Brochures/Product Monographs (Clinical applications only) Please click Add to enter the required information and attach the documents.</i>	Name Version Date Password (if applicable)
<i>9.5. Advertisement to recruit subjects Examples are listed on the right. Click Add to enter the required information and attach the documents.</i>	Name Version Date Password (if applicable)
<i>9.6. Questionnaire, questionnaire cover letter, tests, interview scripts, etc. Please click Add to enter the required information and attach the documents.</i>	Name Version Date Password (if applicable)
<i>9.7. Letter of initial contact Please click Add to enter the required information and attach the forms.</i>	Name Version Date Password (if applicable)
<i>9.8. A. Other documents: Examples of other types of documents are listed on the right. Click Add to enter the required information and attach the documents.</i>	Name Version Date Password (if applicable)
<i>B. If a Web site is part of this study, enter the URL below. Since URL's may change over time or</i>	

<i>become non-existent, you must also attach a copy of the documentation contained on the web site to one of the sections above or provide an explanation.</i>	N/A
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10. Fee for Service - Human Ethics Application for Behavioural Study [\[View Form\]](#)

<i>Mechanism for Submitting Fee. Please indicate which of the following method of payment will be used for this application:</i>	
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<i>Contact information regarding where to send the invoice.</i>	
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12. Save Application - Human Ethics Application [\[View Form\]](#)

Print Close