

**Toronto Academic Health Sciences Network (TAHSN)  
GUIDELINES FOR RESEARCH ETHICS REVIEW INVOLVING HUMAN SUBJECTS**

All research projects involving TAHSN Institution physicians, staff (including staff acting as investigators outside the Institution), students (i.e., research within the institution or using institutional resources), or patients, must obtain ethical approval from the Research Ethics Board (REB) before research can begin. The REB is responsible, on behalf of the institution, for ensuring that all research involving human subjects under the auspices of its institution meets current ethical standards. Heads of departments /divisions /programs are responsible for ensuring that all such research is submitted for ethics review.

Proposals are reviewed by the full board at a scheduled meeting, or in an expedited manner, depending on level of risk associated with the study, and on prior review. Regardless of the type of review, a full application form must be completed. A complete research proposal/and or protocol must also be submitted.

**TYPES OF REVIEW**

- I. **FULL BOARD REVIEW**: This is the default that will apply unless there is sufficient justification for other “fast-track” levels of review.

Submissions are reviewed in the order of their arrival at the Research Ethics office. Please refer to the REB schedule for meeting dates and deadlines for submission.

- **TAHSN Application Form (includes Impact Sheet) (2 sided copies preferred) Submit: (20 copies) (1 signed original + 19 copies)**
- **Consent Form(s) (20 copies)** \*- should be in it's final form (as it will be seen by the patient/subject) including letterhead
- **Protocol (5 copies)**
- **Questionnaire/Surveys (5 copies)**
- **Budget information (5 copies)** - should provide the details of study expenses
- **Health Canada No Objection Letter (5 copies)**
- **Investigator’s Brochure or Product Monographs (5 copies)** (for drug studies only)

**\*NOTE: PLEASE COLLATE & CLIP TOGETHER (5 FULL PACKAGES WITH EACH ONE OF THE UNIQUE DOCUMENTS STATED ABOVE) AND COLLATE AND CLIP TOGETHER (15 COPIES OF ONLY THE TAHSN APPLICATION FORM & CONSENT FORMS) PRIOR TO SUBMISSION.**

- II. **EXPEDITED REVIEW**: Submit **(2 copies) (1 signed original + 1 copy)**

Studies that may qualify for expedited review:

- i. Are considered either minimal risk and non-invasive (e.g. retrospective chart reviews, non-intrusive questionnaires or surveys, non-invasive assessments, use of existing samples), or
- ii. Involve only current standards of care, or
- iii. Have had prior approval from a TAHSN Institution Research Ethics Board (**Please contact MSH REB to confirm before submitting only two copies to avoid any delays**). Studies that have been approved by a TAHSN or other REB are not considered for expedited review unless the relevant documentation (REB review letter, reply to any REB concerns and approval letter) is provided.

The investigator must include the justification for requesting expedited review. The decision of whether a study qualifies for expedited review rests with the REB Chair.

Where expedited review is not granted, the investigator will be informed that a full board review will be required.

Applications for ethics review should be sent to:

**Dr. Ron Heslegrave, Chair, Mount Sinai Hospital Research Ethics Board, [Room 1003A](#)  
600 University Avenue, Toronto, ON, M5G 1X5**

Research Ethics Board Office: Tel: (416) 586-4875 / Fax: (416) 586-4715

## THE APPLICATION FORM - INSTRUCTIONS

Electronic or paper Application Forms are available from the Research Ethics Board Office. If this is a multi-centre study, a complete application must be submitted to each local REB. Ensure that the appropriate signatures are obtained for each site. The entire form must be completed. If a section does not apply, indicate N/A. Do not refer to or attach other documents in response to questions except where indicated. The following are further explanatory notes regarding some items on the application form. The numbering corresponds to the items on the application form.

### **SECTION I: GENERAL INFORMATION**

#### **1. PRINCIPAL INVESTIGATOR**

The Principal Investigator is the responsible leader of the research team and must be clearly designated for each site. There should be one PI per site per protocol. Students/trainees cannot be listed as the PI. Where the investigator is a student, the supervisor should usually be designated as the PI and sign this section. Some institutions require the PI to be a staff member at the institution where the research will take place. Check with your institution.

For “clinical studies” as defined by Health Canada (i.e. involving an investigational drug or medical device), the Principal Investigator must be a Qualified Investigator (a physician or, where applicable a dentist, and a member in good standing of a professional medical or dental association).

#### **2. FULL STUDY TITLE**

Include the full title as it appears on the protocol.

#### **4. INVESTIGATORS**

##### **4C. Contact Person**

For studies originating from outside of the institution, a staff member must be involved as the institutional liaison who will accept responsibility for the research activities at the institution, as well as serve as the administrative contact with the REB. The role of institutional liaison applies only at those institutions that do not require the PI to be a staff member, and only for studies where the PI is not a staff member.

#### **Signatures**

All applicable signatures must be obtained before the REB reviews the application. All sections of the form must be completed before signatures are obtained.

#### **5. DEPARTMENT/DIVISION/PROGRAM APPROVAL**

The application forms for all projects submitted for review will require the signature of the Division/Department Head/Program Director where the research is to be conducted. The signature indicates agreement that the Division/Department/Program supports the project and that the PI is qualified by education, training, and experience to perform his/her role in the study. When the

Division/Department Head/Program Director is the investigator, the signature of an individual one level above the investigator is required.

## **7. OTHER ETHICS/SCIENTIFIC/ SCHOLARLY REVIEW**

Indicate in the table where this application is being submitted, including sites where an application has been or will be submitted, and REB review status. If a Research Ethics Board at a University of Toronto Affiliated Teaching Hospital or other institution has approved the study, it may qualify for expedited approval. The relevant documentation (REB review letter, reply to any concerns, approval letter) must be provided.

## **8. CLINICAL TRIAL REGULATIONS**

This section need only be completed if the research study is a clinical trial. Health Canada, under Division 5 defines a clinical trial (requiring Health Canada approval) as “an investigation in respect of a drug for use in humans that involves human subjects and that is intended to discover or verify the clinical, pharmacological or pharmacodynamic effects of the drug, identify any adverse events in respect of the drug, study the absorption, distribution, metabolism and excretion of the drug, or ascertain the safety or efficacy of the drug.

Investigational drugs or devices include all drugs (including biologics and natural health products) or medical devices requiring Health Canada approval, as well as all approved drugs being tested for a new indication (e.g., age group, disease entity), dosage or method of administration.

Studies involving investigational drugs or medical devices must apply for authorization for research use from Health Canada. For investigational drug trials a “Clinical Trial Application” form must be submitted to Health Canada. Provide a copy of the authorization or “No objection” letter from Health Canada as soon as it becomes available. Final REB approval of the study will not be granted until the no objection letter has been received. For certain medical device studies (class III and IV devices), however, Health Canada requires REB approval first.

If results are to be submitted for US Food and Drug Administration (FDA) approval, provide the IND number (drug studies) or PMA number (device studies).

## **SECTION II: STUDY SUMMARY**

A size limit has been set for some of the items in this section, as indicated on the form.

### **10. ABSTRACT**

Ensure that the abstract is described using lay language.

### **11. RATIONALE AND HYPOTHESIS/RESEARCH QUESTION**

Ensure that the rationale and hypothesis are described using lay language For studies involving investigational new drugs or devices or use of an approved product for a new indication, provide justification to support the investigational use in this project.

### **12. STUDY DESIGN**

#### **12A. Design/methodology**

Describe the basic study design and method. If this is a randomized trial, explain how subjects will be assigned to each group. If this is a pilot study, indicate briefly how the data will be used to develop a full follow up study.

#### **12B. Primary outcome measures**

List the primary endpoints, or key data items that are required to answer the study question.

### **12C. Criteria for Early Withdrawal**

Indicate what endpoints or stopping rules will serve as triggers/thresholds for early withdrawal for subject safety (e.g. regarding treatment failure/adverse events), such as blood pressure levels, laboratory values, disease status assessments, etc.

### **12D. Placebo**

The Tri-Council Policy Statement (TCPS) indicates that, with some exceptions, placebo should not be used for conditions where an effective treatment is available. If the research involves placebo, explain the justification for its use and what provisions are in place to reduce any increased risk associated with the use of placebo.

### **12E. Deception or Lack of Disclosure**

The TCPS permits the REB to approve a consent procedure which does not include, or which alters some information about the study only when the deception or lack of disclosure poses no more than minimal risk, the research could not practicably be carried out in another way, the subjects are provided with full disclosure at a later date (where possible) and the deception or lack of disclosure does not involve a therapeutic intervention. Deception or lack of disclosure is used most often in social science or psychology research, where full disclosure would likely affect the responses of the subjects and thus invalidate the research.

### **12F. Study Restrictions**

List in this section any restrictions on medications/treatments or lifestyle, such as diet, exercise, smoking, exposure to sun, driving, etc. Specify the duration of restrictions and the reasons the restrictions are necessary.

## **13. SUBJECTS/CONTROLS**

Selection of subjects must be equitable. Include the rationale for the choice of control group if applicable. If a vulnerable population is used (e.g., children, incompetent adults), include justification for this choice (e.g., has the research question been previously addressed in a less vulnerable populations). Justification is not required at institutions where these vulnerable populations are the primary patient population (e.g., paediatric or geriatric centres). If a group (e.g., women of childbearing potential, the elderly) is excluded from a study involving a general patient population, justify. Where women of childbearing potential are excluded will consideration be taken for inclusion of women who are not at risk of becoming pregnant?

### **13D. Sample Size Justification**

For quantitative studies, include sample size calculations and source for standard deviation. For qualitative studies indicate approximate sample size and rationale. You may refer to the protocol for this information.

## **14. STUDY INTERVENTIONS OR PROCEDURES INVOLVING HUMAN SUBJECTS**

### **14A. Usual Standard of Care**

This section must specify what is standard care specifically as it relates to the population under study and any study interventions, and how participation in the study will alter standard care if applicable (i.e. what would happen if the study were not being done).

### **14B. Changes/additions to Standard of Care**

Describe any procedures that are being done in the study that are not part of standard of care, including any procedures performed purely for research purposes (e.g. extra blood samples, evaluations, telephone surveys, questionnaires). If subjects are required to meet certain eligibility criteria that necessitate changes to or termination of treatments, describe them too. Include all patient contact and be as specific as you can.

Attach a copy of all instruments (i.e. questionnaires (non-standardized), interview scripts and rating scales) that will be administered during the study.

### **SECTION III: ETHICAL ISSUES**

#### **16. RECRUITMENT AND CONSENT**

##### **16A. Identification of potential subjects.**

Specify how potential subjects will be identified and by whom. Respect for patient privacy requires that patient records be reviewed by persons within the patient's circle of care, who have access to patient information as part of their normal professional duties, or their delegates (e.g. study coordinator working on behalf of investigator who has access).

Health Records include but are not limited to: slides (e.g. pathology), radiology films/reports, surgical lists and databases.

The REB must review all study-related materials that will be given to subjects, including advertisements or letters regarding recruitment. Note that no specific dollar amount of payments to subjects should be listed in the advertisement.

Finder's Fees include money or other reward given to a physician (or group of physicians, or other health care providers) in payment for identifying or recruiting a patient into a study or a trial. Finder's fees are prohibited. For more information the University of Toronto Policy on finder's fees can be found at: [http://www.facmed.utoronto.ca/scripts/index .asp?action=31&U\\_ID=0&N\\_ID=13&P\\_ID=9976](http://www.facmed.utoronto.ca/scripts/index.asp?action=31&U_ID=0&N_ID=13&P_ID=9976)

##### **16B,C and D. Initial contact with subjects and consent process.**

Issues to consider include whether the contact person is known to the subject/authorized third party, has access to patient information as part of their normal professional duties, or is able to assess capacity to consent.

##### **16E. Checklist of Study Subjects**

The purpose of this checklist is to flag for the REB any research scenarios that may raise special concerns. "Subjects unable to communicate" refers to patients who are mentally competent, but who, because of certain conditions (e.g. stroke), are unable to communicate or have difficulty communicating their intentions. "Marginally incompetent" refers to patients who fall in the grey area between competent and incompetent, and whose capacity may fluctuate over time.

##### **16F. Enrollment in Multiple Studies**

There may be occasions where a number of different research projects focus on a particular patient population, and individual patients may be eligible for more than one study. Enrollment in multiple studies raises concerns whether the studies are ongoing simultaneously or in succession. In this situation, investigators must explain what procedures are in place to avoid enrollment of patients in multiple studies. If enrollment in multiple studies is anticipated, justify and explain what extra precautions are in place to ensure patient safety and welfare.

#### **17. RISK/BENEFIT ESTIMATES**

It is the expectation of the Tri-Council Policy Statement that proposed research will be designed to benefit participants where possible. Studies that involve significant risk without a balance of significant benefit may be inappropriate.

##### **17A. Benefits**

The list of benefits may include direct benefits to the subjects or benefits to knowledge or to society.

## **17B. Potential Harms**

Describe all risks associated with the study interventions and the likelihood of these events occurring. If there are no known risks, check the appropriate box.

**17B.v)** If participation in the study may affect a patient's options for future care (e.g., making them ineligible for other standard therapies or the possible development of antibodies which might prevent future treatment with the investigational agent), explain what options will and will not be available.

## **18. PAYMENTS**

Subjects should not be expected to incur expenses as a direct result of participation in a research study; reimbursement for out-of-pocket expenses (e.g. travel) is encouraged. Payment should not be used in such a way that it could be construed as an undue inducement to participate (e.g. unreasonable amount, payment tied to completion of study). Reimbursement should be for expenses, time or inconvenience, but should not be used to encourage subjects to accept increased risk. If reimbursement for time is proposed, explain. It is expected that expenses will be fully covered and any payments for time (including honoraria) will be pro-rated for partial participation.

## **19. MONITORING**

Monitoring refers to oversight activities performed by groups other than the REB, such as the study sponsor (e.g. site visits to check for GCP compliance, interim analysis of results by a data and safety monitoring board or steering committee).

## **20. POTENTIAL CONFLICTS OF INTEREST**

The term "conflict of interest" refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising, a researcher's professional judgments. The bias such conflicts could conceivably impart may inappropriately affect the goals of research.

"Apparent" or "perceived" conflicts of interest refer to situations which appear to present a conflict to an outside observer, although they may not give rise to an actual conflict. The mere appearance of a conflict may be as serious and potentially damaging as an actual conflict. Immediate family includes an investigator's spouse and dependent children (including stepchildren). For more information, you may refer to the University of Toronto policy on Conflict of Interest at the following internet location:

<http://www.utoronto.ca/govcncl/pap/policies/conacad.html>

## **21. PUBLICATION/DISSEMINATION OF RESULTS**

Since the contribution to knowledge is one of the primary purposes of medical research, researchers are encouraged to publish the results of their research. Furthermore, where possible, researchers are strongly encouraged to share the study results of the research with the subjects who made the research possible, and/or with the relevant patient communities.

## **SECTION IV: PRIVACY AND CONFIDENTIALITY**

### **22. COLLECTION AND USE OF PERSONAL HEALTH INFORMATION**

During collection and storage data and samples must be kept secure from theft, interception, unauthorized reading and copying. Investigators must state their means of protecting study data or samples from such violation, for instance by coding systems and/or security systems.

The Personal Health Information Protection Act (Bill 31) which came into force in Ontario on Nov. 1, 2004, requires that for research studies involving the collection, use and disclosure of personal health information the REB must receive a description of what information will be collected, and how it will be collected, used and stored. The act defines personal health information as follows (s. 4):

**Personal Health Information** means identifying information about an individual in oral or recorded form, if the information,

- a) Relates to the physical or mental health of the individual including information that consists of the health history of the individual's family,
- b) Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,
- c) Is a plan of service within the meaning of the *Long-Term Care Act, 1994* for the individual,
- d) Relates to payments or eligibility for health care in respect of the individual,
- e) Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
- f) Is the individual's health number, or
- g) Identifies an individual's substitute decision-maker.

**Identifying Information** means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

## **SECTION V: FUNDING and CONTRACTS**

### **23. BUDGET**

Include a detailed, itemized budget listing expenses for the study. The REB will consider aspects such as investigator payments, reimbursement for subjects, and whether there are adequate funds to cover study treatments and procedures.

### **24. AGREEMENTS**

Refer to the institution specific instruction page for details regarding submission of contracts or research agreements.

#### **24C. Liability**

Please indicate who will cover the costs of treatment not covered by the provincial health plan in case of injury directly resulting from participation in a research study (i.e. sponsor, institution, other).

#### **24D. Publication Agreements**

Agreements regarding publishing of medical research should not prevent the publication of results or the communication of information important to subject safety.

### **25. MATERIAL TRANSFER AGREEMENT**

This refers to agreement for transfer of biological materials (e.g., tissues, cell lines) from the institution to another institution or other entity.

The agreement usually originates from the institution sending out the materials. If biological material (e.g., tissues, cell lines) is to be transferred from this institution to another institution or entity, indicate what arrangements are in place to ensure that appropriate consent has been obtained for this use and that donor confidentiality will be protected.

### **26. INFORMATION SHARING AGREEMENT**

An information sharing agreement is recommended when a health information custodian shares a patient's personal health information with a researcher from another hospital or institution. The agreement should specify who are the information custodians, and the outside researcher with whom the information is being shared. The agreement should also describe the use, storage and disposal of the information. Contact your REB or contracts office for more information regarding the use of information sharing agreements at your institution.

## 27. STUDY IMPACT GUIDELINES

### RESPIRATORY THERAPY

- What is exactly required from the staff in Respiratory Therapy
- What is the time commitment for the RT to accommodate the study and the expectations of the investigator.
- Are there supply cost implications to the hospital budget. Do we need to purchase additional supplies. Are those costs covered by the study. If not who pays for the supplies?
- Is the study sponsored by a drug company or grant. If so, then all time provided by the dept must be recovered from the study investigator and any additional supply costs.
- If I provide RT support for a specific study and that person is replaced on the hospital schedule then those hours must be paid for by the study coordinator. If the replacement is paid overtime then the research project must pay the overtime hourly rate. If later the costs are greater than originally agreed to the investigator must be prepared to pay the additional cost (with documentation from the dept).
- If I sign off on a study it means that I agree to the role of Respiratory Therapy in the study based on the information in the research application that I signed. If as the study evolves and the time commitment is greater than anticipated, then I have the right to review our continued involvement with the study and or the investigator must provide resources to the dept.

### MEDICAL IMAGING

- Complete study protocol to be sent to MI Research Coordinator for review (PMH 3-960)
- Procedures/services required
- Indicate which procedures are considered above standard of care for the study
- Contact person for study
- Expected start time of study
- Duration of study
- Number of patients to be enrolled
- Are specific imaging protocols required for study?
- Are forms required to be completed by MI staff?
- Are images required to be burned onto CD?
- Signature on impact form indicates study reviewed by MI and agreement between MI and Principle Investigator has been obtained unless otherwise stated

MI sign-off on Impact Forms by Research Coordinator

PROCEDURE	STANDARD OF CARE	
CT SCANS	6-8 weeks	Repeat baseline scans for study timeframes is billable to sponsor
MRI SCANS	2-3 months	Repeat baseline scans for study timeframes is billable to sponsor
MAMMOGRAMS	Annually	
SKELETAL SURVEYS	Annually	Unless clinically indicated
MUGA (RNA) SCANS	6-8 weeks	Depends on type of chemotherapy
BONE SCAN	6-12 months	Depends on patient's disease



ULTRASOUND, CHEST X-RAYS, TUMOUR BX, ETC		Depends on study protocol
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## **NURSING**

The following are the criteria to be used to determine impact of a research study on the Department of Nursing; and for determining need for departmental sign off.

- Any nurse investigator (internal or external) who is submitting a study for conduct at Mount Sinai Hospital
- Nurses or other nursing unit personnel are subjects of the study
- Nurses will be required for the study to administer an investigational drug or use an investigational medical device
- Nurses will be required to perform additional patient care, monitoring, collection of specimens or documentation as a requirement for the study
- Study will result in additional costs at unit level e.g. Equipment, supplies, personnel

The authority for departmental sign-off is the Senior Vice President, Nursing or delegate (Program Director of Nursing), when the Senior Vice President is away from the hospital for an extended period.

## **PATHOLGY AND LABORATORY MEDICINE SERVICES**

1. All clinical trials requiring laboratory services, whether standard of care or not, must forward a copy of the sponsor protocol and budget to Ms. Maria G. Mendes, Manager, Research Services or Dr. Azar A. Azad, Research Development Officer.
2. Sign-off of the Research Ethics Board (REB) impact form may be obtained from either:
  - Dr. Kenneth Pritzker
  - Dr. Brendan Mullen
  - Dr. Azar Azad
  - Ms. Maria Mendes

after receipt of the sponsor protocol and budget by the Manager, Research Services or the Research Development Officer.

3. Whenever possible a study protocol and budget should be received by PLM 2 weeks prior to the date the client/PI wishes to receive the signed impact form from PLM. At times this is not possible and PLM will sign that we have received the protocol, but will review and submit a PLM protocol and budget assessment of the study to the client/PI for review. Please note that the set-up fee and PLM protocol and budget assessment of the study approved by the client/PI must be received by PLM prior to study commencement.

Once REB approval has been obtained, a copy of the REB letter must be forwarded to the Manager, Research Services, or to the Research Development Officer before trial commencement.

In cases where the patient is a MSH patient but the study is being run in another institution, both the patient consent form and REB letter must be forwarded to PLM along with the request for services.

#### 4. Applicable Charges

##### Set-up Fee

A one time setup fee of \$500 will be applicable to all clinical trials regardless of the funding source (e.g. industry/grant). This charge is applicable to all studies including studies that are standard of care. This set-up fee is usually charged after REB approval has been acquired since lab reference ranges and Lab Director CV are usually requested at that time. However if the client/PI wishes to have the lab reference ranges and Lab Director CV prior to REB approval then the set-up fee will be charged immediately and will be non-refundable, irrespective of REB approval. Please note that if the study does not receive REB approval and for example one year later the study is re-submitted for REB approval a further set-up fee would be applicable since new lab reference ranges and Lab Director CV would have to be provided.

The only exception to this charge is in cases where the patient is a MSH patient but the study is being run in another institution. In these cases the only applicable charges will be for services rendered.

##### Rapid Response Laboratory (RRL) and Associated Areas

Tests that are standard of care are no charge.

Charges for tests that are for research purposes (tests that would not normally be performed given the clinical diagnosis) will vary according to tests requested. Please contact the Research Development Officer for specific pricing.

##### Histology and Associated Areas (request for fresh or fixed paraffin embedded blocks is available)

Given the nature of the source material for testing (blocks of fixed or fresh tissue), it is seldom the case that a study will be standard of care. However, if the study does fall under the standard of care, there is no charge for the service.

Most often a request via the clinical trial is for slides, blocks or fresh tissue to be provided. This is not standard of care and applicable charges will be applied.

*To note is that the PLM policy is to not release any wax blocks or original glass slides, however, extra sections may be provided.*

**Request for extra wax sections:** Pathologist review of case to choose appropriate block to use:

Industry - \$200/case (assume there are 10 – 20 blocks/case for review)

Grant - \$100/case (assume there are 10 – 20 blocks/case for review)

Histology technical charges will vary according to what is requested. Please contact Manager, Research Services, for specific pricing.

Pathology and Laboratory Medicine offers a variety of services. Besides our regular laboratory tests, we offer storage shipping and general consultation in regard to setting up studies. For a complete list of our services, please contact the Manager, Research Services, or the Research Development Officer.