

VICE-PRESIDENT, RESEARCH: RIS Application Attachment

For Office Use Only:	Status of Pages 3 & 4	Date Received	Time Received	Application Number
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P R O J E C T	Researcher's LAST name		Researcher's FIRST name		Appointment Status <input type="radio"/> Tenured <input type="radio"/> Tenure Stream <input type="radio"/> CLTA <input type="radio"/> Teaching Stream (Lecturer/Sr. Lecturer) <input type="radio"/> Status Only Other
	Personnel #	Phone #	Fax #	e-mail address	
	Department of primary appointment			Administering Unit if different from Dept.	
	Sponsor (Agency from which funds are being requested)		Electronic Submission?	YES NO	
	Are there collaborating sponsors? Name of collaborating sponsors <input type="radio"/> NO <input type="radio"/> YES				
	Title of Research				
	For fellowships/studentships only - Student Name				Student Number
	Competition Deadline Date				
	<input type="radio"/> NEW <input type="radio"/> RENEWAL		<input type="radio"/> GRANT <input type="radio"/> CONTRACT <input type="radio"/> STUDENT/FELLOWSHIP		
	Does this project have a possible commercial application? <input type="radio"/> NO <input type="radio"/> YES If you answer "Yes", someone from the University's technology transfer services may contact you, or you can call 978-7833 for more information.		Does this project have an international (outside Canada) component? <input type="radio"/> NO <input type="radio"/> YES If you answer "Yes", someone from the University's International Office may contact you, or you can call 946-8828 for more information.		

CO-INVESTIGATORS	Co-Investigator 1: Name, Address, Institutional Affiliation	Co-Investigator 2: Name, Address, Institutional Affiliation
	_____	_____
	_____	_____
For additional names, please attach a separate sheet.		

L O C A T I O N	<input type="checkbox"/> St. George Campus - Bldg. _____ <input type="checkbox"/> Downsview <input type="checkbox"/> UT Mississauga <input type="checkbox"/> UT Scarborough
	<input type="checkbox"/> Hospital - Name _____ <input type="checkbox"/> Other (in Canada) - Names _____
	<input type="checkbox"/> Other Countries - Names _____
	If more than one research location, please specify primary location

C L A S S I F I	KEYWORDS

M E D	For the use of Faculty of Medicine Applicants only:
	Disease Code _____ Areas of Research _____



Researcher Name (last name, first name)	Telephone #	For Office Use Only:	Application Number
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ETHICAL REVIEW

A. **ANIMALS** will be used in the research at the University of Toronto: NO YES

If "yes", please provide the following information:
 UACC approved protocol number(s) _____
 UACC approved protocol expiry date(s) _____
 UACC approved protocol holder's name _____
 Original title(s) on protocol(s) _____

B. Animals will be used in the research at another location (e.g., hospital or other University of Toronto affiliated institution) NO YES

If "yes", please provide the following information:
 Location _____
 Location's approved protocol number(s) _____
 Location's approved protocol(s) expiry date(s) _____
 Location's approved protocol holder's name _____
 Original title(s) on protocol(s) _____

A. **HUMAN SUBJECTS** will be involved in the research: NO YES

(including interviews, questionnaires, observations of behaviour, use of non-public records that contain identifying information, administration of drugs, blood samples, tissue samples, tests, or other procedures)

If "yes", you must apply for and receive approval by a University research ethics board (REB).
 (If the research is to be carried out at a single University-affiliated teaching hospital that has its own REB, submit the study to the hospital REB, and provide a copy of the REB's approval letter, when available, to the Office of Research Services, Ethical Review Unit, Room 133S, Simcoe Hall. In all other cases, including those in which the hospital does not have an REB, submit the study to the University for review.)
 Information regarding REB applications (including REB meeting schedules) is on the Web at:
http://www.research.utoronto.ca/ethics_home.html, or may be obtained from the Office of Research Services, Ethical Review Unit, Room 10A, Simcoe Hall, 978-3273.

B Does the application for funding seek support for a project that has already been approved by a University of Toronto REB? NO YES

If "yes", please provide the following information:
 a. Protocol Reference Number _____
 b. Date of Approval _____
 c. Does the proposed research involve procedures that are different from those for which you have received ethical approval? NO YES

if "yes", please submit an amendment to your approved ethical protocol describing the changes to the approved project to: Office of Research Services, Ethical Review Unit, Room 10A, Simcoe Hall, 27 King's College Circle. For guidance, refer to the information regarding REB applications on the Web at: http://www.research.utoronto.ca/ethics_home.html

A "no" answer means that the application for funding seeks additional support for a project, but that no new or different procedures from those already approved by the REB are proposed.



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REVIEWERS	BIOHAZARDOUS AGENTS will be involved in the research: ○ NO ○ YES
	For information regarding approvals for the use of biohazardous agents, contact Environmental Health & Safety, 416-946-3389, rachel.zand@utoronto.ca
	University of Toronto Certificate # _____ Expiry date _____
	Name of certificate holder _____
	Location of research _____
<input type="checkbox"/> Certificate from another location (specify): _____	

UNDERSTANDING	<ol style="list-style-type: none"> This application is submitted in compliance with the Sponsor's conditions and published University policies and procedures. The research shall be performed and administered in accordance with the Sponsor's terms and conditions and the University's policies and procedures. All staff and students engaged on the project shall be fully informed of, and agree to be bound by, the award conditions. I understand that neither I nor any staff or students engaged on the project may undertake research with humans animals, biohazardous agents, or radioactive materials without the prior written approval of the appropriate University ethics committee. Information regarding applications for approval may be found on the Web at: http://www.research.utoronto.ca/ethics_home.html This project is consistent with the University's Human Rights Policy. (If in doubt, please seek the assistance of the International Programs Development Office.) **NEW for 2003** <i>APPLICABLE TO FACULTY OF MEDICINE FEDERAL GRANTING COUNCIL APPLICANTS ONLY:</i> <i>I understand that Federal Granting Council funding administered by the University of Toronto for research located at the U of T Affiliated Hospitals, will generate future indirect cost payments, a portion of which, by agreement with the U of T Affiliated Hospitals will be retained by the University of Toronto to cover its indirect costs.</i>
	Principal Investigator _____ Date _____

SIGNATURES	If it is not already on application, please provide signature of Chair / Director / Dean (as applicable):
	Name _____ Signature _____ Date _____
	If research to be performed at a Hospital or other institution(s), please provide signature of Hospital Research Director or institution's Executive Head:
	Name _____ Signature _____ Date _____
