REB FILE NUMBER:	(office use)

Toronto Academic Health Sciences Network (TAHSN)
Application to Access Retrospective Data for Research Purposes

(This Application may also be used for research involving non-identifiable human biological materials OR research involving secondary use of identifiable human biological materials where the researcher satisfies all the requirements in Article 12.3 of the TCPS.)

INSTRUCTIONS

- **All sections** of this application **MUST** be completed before it will be considered for REB review.
- A complete application must be submitted to **each site** where this research will take place.
- A separate detailed protocol must be included with each application.
- All research must be compliant with:
  - The Tri-Council Policy Statement, available at **http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf**
  - The Ontario Personal Health Information Protection Act (2004), available at **http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm**
  - Principles for Development of Policy & Guidelines on Security of Personal Health Information used for Research Purposes **http://www.research.utoronto.ca/wp-content/uploads/2009/03/TAHSN_PHI.pdf**
  - Any other relevant regulations or guidelines.
- TAHSN Research Ethics Boards may request and share information related to the review, approval and continuing ethics review of research conducted at other sites.

SECTION I: GENERAL INFORMATION

1. PRINCIPAL INVESTIGATOR (PI) NAME

If your institution requires the PI to be a staff member, the on-staff investigator accepts the role and responsibilities of PI at this institution.

Title: Dr.	Last Name: Lim	First Name: Andrew
Credentials (MD, PhD, etc): MD		

2. FULL STUDY TITLE

A framework for hybrid machine and human computation for the Research Proposal accurate and scalable analysis of human clinical EEG recordings
Sponsor Protocol Number (if applicable):

2A. Is this protocol directly related to a previously approved study at this institution (e.g., extension, rollover, subsequent to a pilot study)? ☐ Yes ☒ No

If **YES**, specify:

Name of Principal Investigator:
REB file number:

3. INVESTIGATORS

3A. Principal Investigator Contact Information and Signature

PRINCIPAL INVESTIGATOR AGREEMENT – I assume full responsibility for the scientific and ethical conduct of the study as described in this application and submitted protocol and agree to conduct this study in compliance with the current edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Human Subjects, Personal Health Information Protection Act and any other relevant laws, regulations or guidelines. I also agree that if I receive any

personally identifiable information (including but not limited to personal health information and biological samples), I will only use or disclose the information as set out in this application and submitted protocol, the conditions of the REB, the research participant's consent (unless consent is waived), and the conditions and restrictions imposed by the relevant information custodian who supplies the information. I certify that all researchers and other personnel involved in this project at this institution are appropriately qualified or will undergo appropriate training to fulfill their role in this project.

Dept/Div: Neurology	Program:		Institution: Sunnybrook	
Telephone: 416-480-6100 x2461	Pager: 4946		Fax: 426-480-6092	
Street Address: 2075 Bayview Ave				Room/Suite #: M1-600
City: Toronto	Province: ON	Postal Code: M4N3M5	Email: andrew.lim@sunnybrook.ca	
Signature of Principal Investigator		Date		

3B. Co-Investigator(s) Contact Information and Signature

CO-INVESTIGATOR AGREEMENT – I agree to participate in this study as described in this application and submitted protocol and agree to conduct this study in compliance with the current edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Human Subjects, Personal Health Information Protection Act and any other relevant laws, regulations or guidelines. I also agree that if I receive any personally identifiable information (including but not limited to personal health information and biological samples), I will only use or disclose the information as set out in the application and submitted protocol, the conditions of the REB, the research participant's consent (unless consent is waived), and the conditions and restrictions imposed by the relevant information custodian who supplies the information. I will notify the Principal Investigator immediately if there is any deviation from the protocol or other adverse event.

If one or more co-investigators is a student participating as part of an academic training program, 3C must be completed.

1	Title: Dr.	Last Name: Law	First Name: Edith	Institution: University of Waterloo
	Dept/Div: Computer Science	Program:	Signature	
2	Title: Dr.	Last Name: Pineau	First Name: Joelle	Institution: McGill University
	Dept/Div: Computer Science	Program:	Signature	
3	Title: Dr .	Last Name: Murray	First Name: Brian	Institution: Sunnybrook
	Dept/Div: Neurology	Program:	Signature	

4	Title: Dr.	Last Name: Wennberg	First Name: Richard	Institution: University Health Network
	Dept/Div: Neurology	Program:	Signature	
5	Title:	Last Name:	First Name:	Institution:
	Dept/Div:	Program:	Signature	

3C. Faculty Supervisor (for student/fellow/resident research studies) ☒ Not Applicable.
NOTE: If this research is part of an academic (University) **training program**, please provide the following information.

☐ Post-Doctoral ☐ PhD ☐Masters ☐Undergraduate ☐Resident/Clinical Fellow

Name(s) of Student(s):			
Name of Supervisor:			
Dept/Div:	Program:	Institution:	
Telephone:	Pager:	Fax:	
Street Address:			Room/Suite #:
City:	Province:	Postal Code:	Email:

4. STUDY COORDINATOR/CONTACT PERSON FOR THIS APPLICATION IF NOT THE PRINCIPAL INVESTIGATOR (e.g. study coordinator, research administrative contact, research student, institutional liaison).

☒ Not Applicable

Title:	Last Name:	First Name:	
Dept/Div:	Program:	Institution:	
Telephone:	Pager:	Fax:	
Street Address:			Room/Suite #:
City:	Province:	Postal Code:	Email:

Indicate to whom correspondence should be sent: ☒ Principal Investigator ☐ Study Coordinator/Contact Person

5. DEPARTMENT/DIVISION/PROGRAM HEAD APPROVAL (refer to your institutional guidelines). For institutions that require the PI to be a staff member, approval must come from the Department / Division / Program Head of the same institution as the PI.

Department/Division/Program Head Approval - I am aware of this proposal and support its submission for ethics review. I consider it to be feasible and appropriate. I attest that the Principal Investigator responsible for the conduct of this study is qualified by education, training, and experience to perform his/her role in this study". **This section can not be signed by the Principal Investigator or a Co-Investigator.** An alternative approval signature is required.

Title: Dr.	Last Name: Perry	First Name: James
Signature of Dept/Div/Program Head	Date	