



Request for Expedited Review

This form should be completed to request an expedited, rather than full, ethics review. Please be advised that decisions from expedited ethics reviews may take up to two weeks, depending on the availability of the relevant Research Ethics Board Members.

Please send this form, along with a copy of your ethics application to the Research Ethics Board, researchethics@bowvalleycollege.ca. Applicants will be notified of approval decision via email.

| Applicant Contact Information | |
|---|-----------------------------------|
| Name | |
| Position | |
| Phone Number | |
| Email Address | |
| Organization (if not BVC) | |
| Department | |
| Co-Applicant Contact Information (if applicable) | |
| Name | |
| Position | |
| Phone Number | |
| Email Address | |
| Organization | |
| Department | |
| Project Information | |
| Title | |
| Explanation of Project | |
| Proposed Timeline | Start Date: _____ End Date: _____ |
| Type of Study (e.g., pilot study, evaluation, observational) | |
| Study Populations | |
| Has your study already been approved by a Research Ethics board of a Canadian university, college, or hospital, where such REB is compliant with the Tri-Council Policy Statement and any applicable legislation? | |



| | | | |
|--|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please attach relevant approval letter(s) | | | |
| Does your research study involve minor revision of a previously approved application? | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please attach a copy of the previously approved application. | | | |
| Does your study involve secondary use of research data ("the use in research of data contained in records collected for a purpose other than the research itself") which cannot be linked to individuals? | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please explain the original use of the data and attach any/all permission for your use of the data. | | | |
| Will the participant's data be confidential or anonymous? | | | |
| How will the participants' identities be protected? | | | |
| How and for how long will the data be stored? | | | |
| Comments | | | |
| | | | |
| Signatures | | | |
| Applicant | | | |
| Co-Applicant (if applicable) | | | |