

Research Ethics Board Bow Valley College 345-6 Avenue SE Calgary, AB T2G 4V1

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All fields must be completed. If the appellant fails to provide all requested information and/or to include all requested documentation with the submission of this form the notice of appeal will not be considered.

APPELLANT

NAME	PHONE NUMBER	
AFFILIATION/POSITION	EMAIL	
MAILING ADDRESS (IF NOT AFFILIATED WITH BOW VALLEY COLLEGE)		

PROJECT INFORMATION

TITLE:

SUBMITTED TO REB ON: dd/mm/yyyy

RECEIVED DECISION ON: dd/mm/yyyy

BASIS OF APPEAL

PROCEDURAL

□ Real or reasonably apprehended bias, including bias based on validity, method, theory of the method, theoretical grounds of the work or scope.



NOTICE OF APPEAL RESEARCH ETHICS BOARD

□ Undeclared conflict-of-interest on the part of one or more members of the REB.

□ Non-compliance with the REB's terms of reference or procedures.

Indicate specific section number (s):

□ Procedural error that seriously affected the outcome.

Briefly name/reference the procedure(s):

□ New evidence has arisen that within reason could not have been presented at the initial review.

Briefly identify the nature of the new evidence:

SUBSTANTIVE

□ Error in applying or interpreting the institution's Research Ethics Policy.

Indicate specific section number(s):

□ Error in applying or interpreting the Tri-Council Policy Statement 2 (2022).

Indicate specific section number(s):

DETAILS ON BASIS OF APPEAL

Provide a description of the alleged procedural or substantive error that is the basis of the appeal, including relevant references to pertinent guidelines, internal or external policies, and/or legislation.

SUPPORTING DOCUMENTS

All the following documents must accompany this notice of appeal. If the appellant fails to include any of these documents the notice of appeal will not be considered.

Original submission to the REB, including all related documents*	Attached 🗆
*These must be the original documents submitted to the REB, without alterations or additions.	
Copy of the REB decision	Attached 🗆
All written communication between REB and Appellant	Attached 🗆

Other-please specify:



DESIRED OUTCOME

Provide a description of the desired outcome.

AUTHORIZATION

APPELLANT'S SIGNATURE	DATE (DD/MM/YYYY)

NOTE: A signature MUST appear in the signature box before this form can be processed. You may type in your name or initials if unable to insert a digital signature.

Completed Notice of Appeal form and supporting documents can be sent to Special Advisor, Academic and Research (appliedresearch@bowvalleycollege.ca) Subject heading: Notice of REB Appeal