



THE UNIVERSITY OF
WINNIPEG

Vice-President,
Research and Innovation

DEPARTMENTAL ETHICS COMMITTEE (DEC) REVIEW FORM (For committee use only)

Purpose of this form: This form is used to document the departmental ethics committee's (DEC) review of an undergraduate student's human ethics application or course-based research.

| | | | |
|---|--|-------------------|--|
| Principle Investigator | | | |
| Project Title | | | |
| Please check the boxes and provide your recommendations as appropriate. | | | |
| <p>This submission meets the criteria for Departmental Review (i.e., student or course-based project that is minimal risk).</p> <p>I have reviewed this submission to ensure completeness.</p> <p>This submission appears to comply with the TCPS2, relevant department and university policies, and disciplinary standards. All ethics issues appear to have been addressed.</p> | | | |
| Approval Recommendations | | | |
| <p>I approve of the proposed procedures and materials in their present form.</p> <p>I require clarifications or modifications (see comments) that need my further review before granting approval.</p> <p>I require minor modifications (see comments) that, if implemented by the applicant, do not need my further review before granting approval.</p> <p>I do not approve of this submission (e.g., it is faculty research or exceeds minimal risk and refer it for UHREB review).</p> <p>This submission could not be fully reviewed because it is missing required materials or attachments (see comments).</p> | | | |
| Additional Comments (optional) | | | |
| | | | |
| DEC Student Ethics Approval (DEC approval of student Delegated Review submission) | | | |
| The student Delegated Review submission has been approved. | | | |
| DEC Chair Name | | Department | |
| DEC Signature | | Date | |
| Approval Expiry Date | | | |

*Approval Expiry Date should be 1 year from the original approval date