**EXTERNAL RESEARCH ADVERTISEMENT/RECRUITMENT APPLICATION FORM**

Date form completed:

**Instructions for Completion and Submission:**

This application should only be used by researchers conducting external research studies (research being conducted at a non-Trillium Health Partners site by an external researcher) who wish to seek authorization to recruit participants (THP staff and/or patient population) at THP for their study using **ONLY** advertising materials (i.e. flyers, posters, brochures, study information letters, advertisements or other recruitment tools). All advertisement and recruitment documents must receive local REB approval from THP’s REB prior to posting or distribution at THP. The completed application, along with all required supporting documents (listed below) must be submitted to [THPREB@thp.ca](mailto:THPREB@thp.ca).

**Application Submission Checklist - ONE copy of each of the following applicable documents needs to be submitted electronically.**

|  | Completed External Research Advertisement/Recruitment Application Form |
| --- | --- |
|  | Completed and signed Trillium Health Partners Research Study Impact Approval Form |
|  | Study Protocol |
|  | Consent Form(s) |
|  | REB Approval Letter from Investigator’s site/Lead site |
|  | Advertisements or Other Recruitment Tools to be used at THP |
|  | Study Flyer |
|  | Study Poster |
|  | Study Brochure |
|  | Study Information Letter |
|  | Advertisements or other recruitment tools (please specify): |

1. **STUDY TITLE:**
2. **TARGETED DEPARTMENTS/PROGRAMS**

| Anaesthesia | Patient Care Services | Nursery Intensive Care Unit |
| --- | --- | --- |
| Cardiac Health | Professional Practice | Surgery & Peri-Op |
| Dietetics | Rehabilitation Services | Genetics |
| Senior's Services | Neuroscience/MSK | Emergency & Urgent Care |
| Inpatient Medicine | Administrative | Intensive Care Unit |
| Laboratory Services | Medical Education | Nutrition and Food Services |
| Medicine | Clinical Trials Program | Information Technology |
| Mental Health | Social Work | Complex Continuing Care |
| Oncology | Applied Research | Decision Support |
| Primary Care | Biostatistics | Health Records |
| Diagnostic Imaging | Nursing Unit(s) | Quality and Patient Safety |
| Renal | Children's Health | Ambulatory Care |
| Woman's Health | Pharmacy Services | Regional Cancer program |

Other (please specify):

**Please Note:** Authorization from the administrative lead(s) of the targeted department(s) indicated above will need to be obtained prior to the distribution/posting of external recruitment material. Please fill out a copy of the **Trillium Health Partners Research Study Impact Approval Form** for each department/program indicated above. For postings on public boards, please contact the communications department at [Public.Affairs@thp.ca](mailto:Public.Affairs@thp.ca)

Administrative approval (sign-off on the study impact approval form) is required prior to submitting to the REB for review and approval.

1. **STUDY TEAM INFORMATION:**
2. **Contact details of the person filling out the application**

| First Name: | Last Name: |
| --- | --- |
| Phone Number: | Email: |
| Role: |  |

1. **Principal Investigator**

| First Name:  Last Name: |
| --- |
| Institutional Affiliation: |
| Position/Title: |
| Street Address:  City: |
| Province:  Postal Code: |
| Phone Number:  Email: |

1. **External Research Ethics Board review completed?**

*(Please attach a copy of the external REB approval letter)*

Yes  No  Pending Date:

1. **Abstract:** Please provide a summary of the study suitable for a lay audience (maximum 100-150 words):
2. **Target participant population:**

Inpatients  Outpatients  Staff  Other (please specify):

1. **Recruitment Activities:**  Please provide a summary of the intended recruitment activities which will occur at THP:
2. **THP Sites:**  Please specify which THP sites will be involved in the recruitment activities:

Credit Valley Hospital  Mississauga Hospital  Queensway Health Centre  Other (please specify):

**DECLARATION BY PRINCIPAL INVESTIGATOR**

I certify that the methods I will use to conduct this study are in compliance with the Tri-Council Policy Statement, ICH Good Clinical Practices: Consolidated Guidelines, Division 5, Canadian Food and Drug Regulations (if applicable), the Personal Health Information Protection Act, and all other applicable laws and regulations. This application contains the current and complete protocol, including any sub-studies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Principal Investigator |  | Signature |  | Date |