

## Determining REB Oversight for Peripheral Collaborations

*Before completing this form, be sure to review Western University's Guidance Document: Multi-Jurisdictional Research posted on the Office of Human Research Ethics website.*

*If you are unsure whether a WREM application is needed, please complete the following form, and submit this signed document as an email attachment to [ethics@uwo.ca](mailto:ethics@uwo.ca), with all relevant materials (approval letters, study documents, protocol, etc.).*

Western Affiliated Investigator Name: \_\_\_\_\_

Western Affiliated Investigator Department/Faculty: \_\_\_\_\_

Study Title: \_\_\_\_\_

Collaborator(s): \_\_\_\_\_

Collaborating Institution(s): \_\_\_\_\_

Study Summary:

Describe the Western affiliated investigator's specific role in the project:

Will the Western affiliated investigator be using their Western credentials in this project? (e.g., listed on publication, recruitment, etc.)

- Yes Specify how: \_\_\_\_\_
- No

Has this study been, or will it be, reviewed by a research ethics board/institutional review board?

- Yes Specify institution: \_\_\_\_\_

Describe the process through which this research has received/will receive ethical review:

- No

Describe how this project will be assessed for ethical acceptability:

---

By completing this form, I confirm that I:

- Have reviewed Western University's Guidance Document: Multi-Jurisdictional Research;
- Have no direct involvement in the project;
- Am not responsible for any research funds supporting this project;
- Do not have any conflicts of interest with respect to this project;
- Am only involved in the project in the limited capacity described above.

Western Affiliated Investigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_