**Instructions for use:**
Use of this checklist is optional. Some items in this checklist may not apply to every study.

The wording in this checklist is based on the wording in the various regulations/guidelines/policies, and is not suitable for inclusion in the Informed Consent Form (ICF). Please refer to the applicable OHSN-REB Consent Form Template for appropriate wording and suggested text.

**Normative References:**

This checklist is informed from the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use; Integrated Addendum to ICH E6 (R1): Guideline for Good Clinical Practice E6 (R2); Tri-Council Policy Statement (TCPS2); US Code of Federal Regulations (US CFR) 21 CFR 50 and 45 CFR 46; and Canadian General Standards Board (CGSB) “Research ethics oversight of biomedical clinical trials”. The requirements of the Food and Drugs Act and applicable Regulations have been considered and incorporated into the “GCP” column. Items from each of these standards have been grouped together when appropriate.

| **Element Number** | **Application of Element** | **Present****Y/N/NA**  | **Description of Element** |
| --- | --- | --- | --- |
| **TCPS2** | **GCP** | **US CFR** | **CGSB** |
| **General** |
|  |  |  |  |  | REB Required | Institutional letterhead/logo on the first page and signature pages |
|  |  |  |  |  | REB Required | Title of the consent form e.g., “Participant Informed Consent Form” |
|  | X |  |  | X |  | Full Study title (as it appears on the study protocol and REB application). Plus, study acronym name, if applicable |
|  |  |  |  |  | REB Required | The footer in each page must include a version date, include page x of y |
|  |  |  |  |  | REB Required | Written consistently in second person (“you/Your”) except signature page (first person) |
|  |  |  |  |  | REB Required | Written in simple non-technical language; suitable reading level (Grade 8 to 10). All acronyms and abbreviations must be clearly defined at first use |
|  |  |  |  |  | REB Required | Thorough check of formatting: font size 11 points or larger, adequate margins, consistent order of headings, spacing (no page breaks across sections) |
|  |  |  |  |  | REB Required | Thorough check of spelling, punctuation, grammar, clarity |
| 1. 1
 | X |  |  | X |  | Identity of the Researcher/Principal Investigator/Study Doctor, Sponsor and/or funding sources |
| 1. 2
 |  |  |  |  | REB Required | 24 Hour Contact Number (Required for studies that include greater than minimal risk research procedures or interventions) |
| **Introduction** |
| 1. 4
 | X | X | X | X |  | A statement that the participant is being invited to participate in research |
| 1. 4
 | X | X | X | X |  | An assurance that prospective participants are under no obligation to participate and are free to withdraw at any time without prejudice to pre-existing entitlements |
| **Is there a conflict of interest?** |
| 1. 49
 | X |  |  |  |  | Information concerning the presence of any real, potential or perceived conflicts of interest on the part of the researchers, their institutions or the research sponsors |
| 1. 50
 |  |  |  | X |  | A statement concerning any personal benefits that may accrue to the researcher, if applicable and deemed necessary by the REB |
| **Why Is this study being done?** |
| 1. 5
 | X | X | X | X |  | A statement of the research purpose in plain language |
| **What other choices are there?** |
| 1. 6
 |  | X | X | X |  | A description of available alternative procedures or courses of treatment that are available outside of the research project |
| 1. 7
 |  | X |  |  |  | The important potential benefits and risks of alternative procedures or courses of treatment that are available |
| **How many people will take part in this study?** |
| 1. 8
 |  | X | X | X |  | The approximate number of research participants  |
| **What will happen during this study?** |
| 1. 9
 |  | X |  | X |  | The probability of randomization to each intervention |
| **What is the study intervention?; What else do I need to know about the study intervention?; What are the study procedures?** |
| 1. 10
 | X | X | X | X |  | A description of the research intervention and procedures to be used, including clear indication of those aspects that are experimental |
| 1. 1
 | X |  |  | X |  | The nature of participation |
| 1. 12
 | X |  |  |  |  | Participants are informed of any therapy that will be withdrawn or withheld for the purposes of the research, and the anticipated consequences of withholding or withdrawing therapy |
| **Mandatory sample collection** |
| 1. 13
 | X |  |  |  |  | The type and amount of biological materials to be taken |
| 1. 14
 | X |  |  |  |  | The manner in which the biological materials will be taken, and the safety and invasiveness of the procedures for acquisition |
| 1. 15
 | X |  |  |  |  | The intended uses of the biological materials, including any commercial use |
| 1. 16
 | X |  |  |  |  | The measures employed to protect the privacy and minimize risks to participants |
| 1. 17
 | X |  |  |  |  | The length of time the biological materials will be kept, how they will be preserved, location of storage (e.g., in Canada, outside Canada), and process for disposal if applicable |
| 1. 18
 | X |  |  |  |  | Any anticipated linkage of biological materials with information about the participant |
| 1. 19
 | X |  |  |  |  | The researchers’ plan for handling results and findings, including clinically relevant information and incidental findings |
| 1. 20
 | X |  |  |  |  | Information on the participant’s right to request the withdrawal of biological materials, including any limitations on the feasibility of that withdrawal |
| **What are the responsibilities of study participants?** |
| 1. 21
 | X | X |  | X |  | An explanation of the responsibilities of the participant |
| **How long will participants be in the study?** |
| 1. 2
 | X | X | X | X |  | The expected duration of participation |
| **Can participants choose to leave the study?** |
| 1. 3
 |  |  | X | X |  | The process involved for participation withdrawal |
| 1. 4
 |  |  | X |  |  | The effects of a participant choosing to withdraw |
| 1. 25
 | X |  |  |  |  | Information on the participant’s right to request the withdrawal of data, including any limitations on the feasibility of that withdrawal |
| **Can participation in this study end early?** |
| 1. 26
 | X | X | X | X |  | Information on stopping rules and when researchers may remove participants from the clinical trial without the participant’s consent |
| 1. 27
 |  |  |  | X |  | A statement identifying those with the authority to modify the research subjects participation (such as the Researcher, Sponsor, REB or regulatory authority(ies)) |
| **What are the risks and harms of participating in this study?** |
| 1. 28
 | X | X | X | X |  | A plain language description of all reasonably foreseeable risks or inconveniences, to participants, and in general, that may arise from research participation |
| 1. 29
 |  |  | X | X |  | A statement that the particular treatment or procedure may involve risks to the participant which are currently unforeseeable |
| **What are the reproductive risks?** |
| 1. 30
 |  | X |  | X |  | A plain language description of all reasonably foreseeable risks to an embryo or fetus or nursing infants, if the participant is or could become pregnant |
| 1. 31
 |  |  | X | X |  | A statement that the particular treatment or procedure may involve risks to an embryo or fetus (if the participant is or could become pregnant) that are currently unknown |
| **Are there benefits of participating in this study?** |
| 1. 32
 | X | X | X | X |  | A plain language description of potential benefits, both to participants and in general, that may arise from participation |
| 1. 33
 |  | X |  | X |  | If there is no known clinical benefit to the participant, the participant shall be informed  |
| **How will participant information be kept confidential?****\*Provisions required by the Personal Health Information Protection Act (PHIPA) must also be considered and included when applicable.** |
| 1. 34
 | X |  |  |  |  | An indication of what information will be collected about participants and for what purpose |
| 1. 35
 | X | X |  | X |  | An indication of who will have access to information collected about the identify of participants, including specification that the monitor(s), auditor(s), the REB and the regulatory authority(ies) will be granted direct access to the participant’s original medical records for verification of clinical trial procedures and data |
| 1. 36
 | X | X | X | X |  | A description of how confidentiality will be protected and, to the extent permitted by the applicable laws and regulations, records identifying the participant will not be made publicly available. |
| 1. 7
 | X |  |  |  |  | A description of the anticipated uses of data |
| 1. 38
 | X |  |  |  |  | Information indicating who may have a duty to disclose information collected, and to whom such disclosures could be made |
| 1. 9
 |  |  |  | X |  | Any limits to the confidentiality of the research records |
| 1. 40
 | X |  |  |  |  | The measures undertaken for dissemination of research results |
| 1. 41
 | X | X |  |  |  | If the results of the trial are published, the participant’s identity will remain confidential |
| **Will information about this study be available online?** |
| 1. 42
 |  |  | X\* |  |  | The following statement shall be provided to each clinical trial to each clinical trial participant: "A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time." The registration number must be provided in the consent form prior to institutional approval\*Mandatory for inclusion, verbatim, in US FDA regulated clinical trials |
| **.What is the cost to participants?** |
| 1. 43
 |  | X | X | X |  | Any anticipated expenses associated with participation in the clinical trial |
| **Are participants paid to be in this study?** |
| 1. 44
 | X | X | X | X |  | A description of the compensation, if any, that will be provided to the participant in the event that he/she is injured during the research |
| 1. 45
 | X | X |  | X |  | Information about any payments, including incentives for participants and reimbursement for participation related expenses |
| 1. 46
 | X |  |  |  |  | Information on the possibility of commercialization of research findings |
| 1. 47
 |  | X | X | X |  | A description of the type of response that will be undertaken if injury occurs to a participant during the research (e.g., that treatment will be made available and covered by[X]), or that no such response is planned |
| 1. 48
 | X | X | X | X |  | A statement that the participant has not waived any legal rights/rights to legal recourse in the event of research-related harm |
| **What are the rights of participants in a research study?** |
| 1. 48
 | X | X | X | X |  | An assurance that participants will be given, in a timely manner throughout the course of the research project, information that is relevant to their decision to continue or withdraw from participation |
| **Whom do participants contact for questions?** |
| 1. 51
 | X | X | X | X |  | The identity and contact information for a qualified individual who can explain the scientific or scholarly aspects of the clinical trial (e.g., for further information about the clinical trial) |
| 1. 52
 | X | X | X | X |  | The identity and contact information for an appropriate individual outside the research team whom participants may contact regarding possible ethical issues in the research (e.g., for questions about participant rights) |
| 1. 53
 |  | X | X | X |  | The person to contact in the event of research-related injuries |
| **Signatures** |
| 1. 54
 | X | X | X | X |  | Signature and date of signature of the participant (or their substitute decision-maker/legally authorized representative, if applicable) |
| 1. 5
 |  | X |  |  |  | Signature and date of the person conducting the consent discussion |
|  |  | X |  |  |  | Signature and date of person assisting in the consent discussion (if participant or their substitute decision-maker/legally authorized representative, as applicable, is unable to read or if translator is used) |