REB File Number:

Holland Bloorview
Kids Rehabilitation Hospital

Research Ethics Board Reviewer Form

Study Title: _____
REB Reviewer:_____
REB Review Type: ☐ Full ☐ Delegated
Date: _____

Reviewer Keys

1. Is the study protocol sufficiently described and appropriate?
2. Is the risk level acceptable for the benefits anticipated?
3. Are the recruitment and consent processes (including the phone, e-mail, and other recruitment scripts) appropriate and complete?
4. Is the information required for informed consent and assent provided?
5. Are the participant's privacy and confidentiality respected and protected?
6. What other issues does the researcher need to address?

Reviewer Concerns

*	Key	TAHSN Section	

REB Reviewer Recommendation

☐ Approve
☐ Applicant must submit response to main concerns* for delegated review/approval.
☐ No decision. Applicant must submit response to REB concerns for full REB review.
☐ Reject

Rationale for 'No Decision' or 'Reject': _____

_____

_____

Reviewer Keys

1. Is the study protocol sufficiently described and appropriate?
2. Is the risk level acceptable for the benefits anticipated?
3. Are the recruitment and consent processes (including the phone, e-mail, and other recruitment scripts) appropriate and complete?
4. Is the information required for informed consent generally provided?
5. Are the participant's privacy and confidentiality respected and protected?
6. What other issues does the researcher need to address?

Reviewer Concerns (continued)

*	Key	TAHSN Section	