

Department of Medicine Request for Internal Approval

For Submission of a Study to the Alberta Research Information Services (ARISE) system

Instructions

Please complete the following form in its entirety. Once the form has been completed, please upload a signed copy under item 11.0 "Other Documents" section of your Alberta Research Information Services (ARISE). Note that all fields in the form are required.

A study will not be forwarded to the Health Research Ethics Board (HREB) for ethical review unless a complete, signed copy of this form is included in the application.

If you require assistance in completing this application form, please contact the Department of Medicine's Research Team at domreas@ualberta.ca

Please respond to the following:

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | I hold a University of Alberta faculty appointment that allows me to perform clinical research |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | I am a member in good standing and my ability to perform clinical research is not impaired by past actions |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | I require funding for this study from my Division or Department |
| | | | 3 a. If Yes: <input type="checkbox"/> attach a signed letter from your Divisional Director or the Chair confirming that they agree to provide funding for this study and identify the funding source |
| | | | 3 b. If No: <input type="checkbox"/> Funding is in place. Identify funding source: |
| | | | <i>New: *If another PI is the project holder of these funds, please attach a signed letter from the PI confirming they agree to provide funding for this study.</i> |
| | | | <input type="checkbox"/> Application for funding submitted to the following agency: |
| | | | <input type="checkbox"/> This study does not require funding |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | I currently have adequate space resources necessary to complete this study |

By signing below, you certify that the information provided in this form is accurate.

Study title:

Principal Investigator (print name):

Signature of Principal Investigator: _____

Date: _____