



DEPARTMENTAL ETHICS COMMITTEE REVIEWER FORM

File Number:

Reviewer #:

Applicant Name:

Project Name:

Review Checklist (check all that apply)	
<input type="checkbox"/>	This submission meets the criteria for Departmental Review (i.e., student or course-based project that is minimal risk).
<input type="checkbox"/>	I have reviewed this submission to ensure completeness.
<input type="checkbox"/>	This submission appears to comply with the TCPS2, relevant department and university policies, and disciplinary standards. All ethical issues appear to have been addressed.
Recommendation (check one)	
<input type="checkbox"/>	I approve of the proposed procedures and materials in their present form.
<input type="checkbox"/>	I require clarifications or modifications (see comments) that need my further review before granting approval.
<input type="checkbox"/>	I do not approve of this submission (e.g., it is faculty research or exceeds minimal risk) and refer it for UHREB review.
<input type="checkbox"/>	This submission could not be fully reviewed because it is missing required materials or attachments (see comments).
Comments (or see attached review)	
Department Ethics Committee Member:	Department:
Signature of DEC Chair:	Date: