

**Research Office**

CK227

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Release of Research Funds Prior to Ethics Review

For multistage projects where activities involving human participants (and/or their data) or animals will only take place in the future and the research methodology is not sufficiently developed to prepare a complete ethics submission, the PI must provide an estimate of funds required for the non-ethics related work to determine the portion of funds to be made accessible to the PI.

Use [Adobe Acrobat Reader](http://get.adobe.com/reader/) or [Acrobat Pro](http://www.adobe.com/products/acrobatpro.html) to complete, save and print this form.

|  |
| --- |
| **Where will the research be submitted** |

Research Ethics Board (REB) Presidents Committee on Animal Care (PCAC)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **UofR Principal Investigator** | | | | |
| principal investigator | | | dept/faculty/centre/institute | | | | | |
| project title | | |  | | | | | |
| total funds awarded ($) | | | sponsor | | | | | |
| **Period during which no human participants or animals will be used** | | | | |
| from (dd/mm/yyyy) | | | to (dd/mm/yyyy) | | | | | |
| **Budget** | | | | | | | | |
| Please provide a description and budget for the specific activities that do not include animals or humans | | | | | | | | |
| activity/description | | | | | funds required ($) | | | | | |
| activity/description | | | | funds required ($) | |
| activity/description | | | | funds required ($) | | | |
|  | | | | total funds requested | | | |

*IMPORTANT: If delays prevent a certificate of approval from been issued for work with humans or animals by the end date above, contact the Research Office to avoid access to your research funds being restricted.*

By submitting this form, I guarantee that no research involving human participants (and/or their data), or animals will occur during the time period specified above and that I will submit an ethics review application and receive approval prior to engaging in any research activities involving humans or animals.

|  |  |  |
| --- | --- | --- |
| Principal Investigator - please print name | signature | date |
| Director ORIP – signature | total funds prorated | date |

***NOTE:*** *Please submit the completed and signed form to the Research Office: research.office@uregina.ca*