



Signature Page of Individuals working under a RESEARCH ETHICS BOARD RESEARCHER'S AGREEMENT FORM for ROMEO Protocol # _____

My signature below indicates I have read and understand the protocol titled:

_____ /
having discussed it with _____ (the Principal Investigator listed on the Project Team Info tab) if necessary.

I am familiar with the [Tri-Council Agreement on the Administration of Agency Grants and Awards by Research Institutions](#) and the [Tri-Council Policy Statement 2: Ethical Conduct for Research Involving Humans](#) and I agree to comply with these guidelines, and the procedures approved by the Research Ethics Board (REB), in carrying out this proposed research.

I attest that all information submitted to the REB is complete and truthful. I understand the consequences, for myself and for the institution, of failure to comply with Tri-Council policies and procedures.

Researchers are required to report to the REB any changes in research design, procedures, sample characteristics, and so forth that are contemplated after REB approval has been granted. Changes may not be implemented until approved by the REB. If any unforeseen incident occurs during the course of research that may indicate risk to participants, I will immediately cease research and inform the REB.

I understand that my protocol will be subject to random review for compliance by the Office of Research Services.

Name	Role in Protocol (Select from the drop-down menu)	Institute/ Department	Email Address	Signature

- Submit this form by scanning and attaching to original application at time of submission or email to research.ethics@lakeheadu.ca