| SOP       | EARCH ETHICS REVIEW FEES<br>9 523<br>dures are a series of required steps to complete a task, activity or action island health  |
|-----------|---|
| Purpose:  | To describe how and when research ethics review fees will be collected.   |
| Scope:    | <ul> <li>Affected Roles         <ul> <li>Research Ethics Office Personnel</li> <li>Researchers conducting studies to which this procedure pertains</li> </ul> </li> <li>Environment         <ul> <li>Research Environment</li> <li>Research Environment</li> </ul> </li> </ul>                    |
| Outcomes: | <ul> <li>Clarity for all Researchers on when fees will be applicable, how they will applied, and the responsibilities of affected parties under the procedure.</li> <li>Supplemental information for Sponsors explaining the research ethics fees found in a clinical trial agreement.</li> </ul> |

# **1 RESPONSIBILITY**

- 1.1 Research Ethics Office Personnel are responsible for regular update of this procedure, including the Fee Schedule, and ensuring all Sponsors and Researchers have access to the relevant information prior to submission of research ethics applications.
- 1.2 The Study Sponsor, in conjunction with the Principal Investigator/Qualified Investigator (PI/QI) as applicable, are responsible for ensuring fees are paid in accordance with these procedures and the applicable invoice.

# 2 FEE APPLICABILITY

- 2.1 A fee for ethical review applies only to privately sponsored and industry-funded research studies (e.g. those funded by the clinical research industry or for-profit Sponsors). An initial fee of \$4,000 per application covers the initial review of the application and ongoing oversight including safety reports, protocol deviations, and other unanticipated events reported within the first year.
- 2.2 At the time of annual renewal, a fee of \$750 will be levied to cover the cost of the annual renewal and other ongoing oversight as described above in 2.1.
- 2.3 There are no fees for amendments.
- 2.4 The fee amounts will be reviewed annually and any changes will be amended through this procedure. The procedure will be published on the Research Ethics website and form part of the Research Ethics Application.
- 2.5 It is the responsibility of the PI/QI to ensure that the Sponsor is aware of these fees. It is the responsibility of the Sponsor to pay the fees upon submission of the application, including renewals.

| Maintained by:     | Resear  | Research Ethics and Compliance   |  |  |  |  |             |  |
|--------------------|---------|--|--|--|--|--|-------------|--|
| Issuing Authority: | Vice-Pr | Vice-President, Knowledge, Practice, and Chief Nursing Executive (CNE) |  |  |  |  |             |  |
| Version No.:       | 2.0     | 2.0 Last Revised: 30 Aug 2021 Last Reviewed: 30 Aug 2021 First Issued: |  |  |  |  |             |  |
|                    |         |  |  |  |  |  | Page 1 of 3 |  |

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# **3 NOTIFICATION OF FEES**

- 3.1 Upon receipt of the research ethics application or annual renewal application, if there is a fee to be applied, Island Health Research Ethics Office Personnel will issue an acknowledgement of receipt, including a fees invoice.
- 3.2 The invoice will include instructions for payment.
- 3.3 If the review fee is not paid according to the terms of the invoice, the Certificate of Ethical Approval will not be released until the fee is received.
- 3.4 If there are outstanding fees (delinquent accounts), no new Research Ethics Board (REB) reviews will be undertaken until the account is brought into good standing.

#### 4 WITHDRAWALS

4.1 No fee will be charged if the REB submission is withdrawn within five (5) calendar days.

#### 5 TRAINING

5.1 Review of the SOP.

#### 6 COMPLIANCE MONITORING

- 6.1 The Island Health Manager, Research Ethics and Compliance or their delegate is responsible for ongoing monitoring of Island Health operations to verify compliance with this SOP.
- 6.2 The Island Health Manager, Research Ethics and Compliance or their delegate is responsible for communicating any changes to this SOP to all relevant personnel.
- 6.3 Deviations from this SOP will be addressed through corrective and preventative action implementation.

## 7 DEFINITIONS

• See Glossary – Research Ethics

## 8 ASSOCIATED DOCUMENTS

• 523-01 Request for Funding Access Prior to Human Ethics Review

#### 9 RELATED ISLAND HEALTH STANDARDS

- 502 Research Ethics Review
- 116 Processing of Research Ethics Fees

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## **10 SUMMARY OF CHANGES**

| Version | Effective Date | Change Description   |
|---------|----------------|--|
| 1.0     | 01 AUG 2017    | New procedure  |
| 2.0     | 01 SEP 2021    | Minor clarifications in 2.1, 2.6, 3.1, and Withdrawals. Fee amounts, amendment types, minor clarifications of process. Addition of 523-01 Request for Funding Access Prior to Human Ethics Review. Changed from 'policy' to standard operating procedure. Issuing Authority changed from Research and Capacity Building to Vice-President, Knowledge, Practice, and Chief Nursing Executive. |

| Maintained by:     | Resear  | Research Ethics and Compliance   |  |  |  |  |             |  |
|--------------------|---------|--|--|--|--|--|-------------|--|
| Issuing Authority: | Vice-Pr | Vice-President, Knowledge, Practice, and Chief Nursing Executive (CNE)   |  |  |  |  |             |  |
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|                    |         |  |  |  |  |  | Page 3 of 3 |  |

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# **REQUEST FOR FUNDING ACCESS PRIOR TO HUMAN ETHICS REVIEW**

|  | -  |  |   |                   |
|--|--|--|---|-------------------|
| Principal/Qualified Investigator (PI/QI) or  |  |  |   |                   |
| Sponsor-Investigator :   |  |  |   |                   |
| Department / Program:  |  |  |   |                   |
| Special Purpose Fund (SPF):  |  |  |   |                   |
| Funding Agency:  |  |  |   |                   |
| Project title:   |  |  |   |                   |
| Amount of award to be released:  |  |  |   |                   |
| Period of exemption of ethical review:   | From:  | To:                                    |   |                   |
| Please provide a detailed description of how r<br>amount equals, and exactly what it will be spe<br>release period including who will be doing it:   |  |  |   |                   |
| In case of questions, person to be contacted r   |  |  |   |                   |
| By signing below, I guarantee that no research<br>will submit a human ethics application and red<br>further confirm that I understand that research<br>research involving human biological materials | eive approval prior t<br>involving humans ir | o engaging in any includes research in | research activities inv<br>volving living human | volving humans. I |
| PI/QI or Sponsor-Investigator Signature:   |  |  | Date:   |                   |
| Name of PI/QI or Sponsor-Investigator:   |  |  |   |                   |
| · · · · · · · · · · · · · · · · · · ·  |  |  |   |                   |
| This section is for administrative purposes onl<br>Non-Island Health REB #:<br>Agreement #:  |  |  |   |                   |
| Manager, Research Ethics & Compliance<br>Signature:  |  | Date:                                  |   | -                 |
| Director, Research or designate from Rese<br>Signature:  |  |  |   |                   |

\*Please submit this completed form to Research Ethics & Compliance, Research & Capacity Building by email researchethics@islandhealth.ca

| Maintained by:     | Researc  | Research Ethics & Compliance                                 |  |  |  |  |             |  |
|--------------------|----------|--|--|--|--|--|-------------|--|
| Issuing Authority: | Vice Pre | Vice President Knowledge, Practice and Chief Nurse Executive |  |  |  |  |             |  |
| Version No.:       | 2.0      | 2.0 Last Revised: N/A Last Reviewed: N/A First Issued:       |  |  |  |  |             |  |
|                    |          |  |  |  |  |  | Page 1 of 1 |  |

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