***Request to Undertake Research On-Site Form*   
*Restart Human Participant Research***

1) When completed, submit this form to your Department Head for review and approval.

2) Review and complete the SOP for Human Participant Research and submit both forms to FHS Research Office: [mailto:Gladys.Smith@queensu.ca;%20Steven.Smith@queensu.ca?subject=Request for Human Participant Research approval](mailto:Gladys.Smith@queensu.ca;%20Steven.Smith@queensu.ca?subject=Request%20for%20Human%20Participant%20Research%20approval)

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| **Principal Investigator/Faculty member Information** | | |
| Name:  Date Submitted: | | |
| Department/Unit/School: | Faculty: | |
| Cell Phone (for emergency contact): | Email: | |
| **Contact Information for ALL team members requiring access to facility.**  **Include:**   * **Name** * **Department/School** * **Cell Phone (or other means of emergency contact)** * **Email** * **Status (Principal Investigator/faculty/post-doctoral fellow/graduate student/staff)**   (add rows as needed) | | |
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| **Provide planned work schedule in facility** | | |
| Dates: | Times: | |
| **Provide a rationale for requesting an exemption by briefly addressing why research cannot be completed remotely, time sensitivity, and/or critical nature of the research (300 words max):** | | |
|  | | |
| **Location(s) of facility where access is being requested** | | |
| Faculty: | | Department: |
| Building: | | Room Number: |
| **Location(s) of shared or common facility/equipment space that will be accessed** | | |
| Brief description: | | |
| Department: | | |
| Building: | Room Number(s): | |
| **Additional Considerations** | | |
| Human research (yes/no): | Animal research (yes/no): | |
| Do you require hospital facilities or is your laboratory in the hospital (yes/no): | | |
| Chemicals (yes/no): | | |
| Radioactive materials (yes/no): | | |
| Biohazard level of research laboratory (NA/BSL-1/BSL-2/BDL-3/Other): | | |
| Certificates/Approvals number and date of approval if relevant (Ethics; Animal Care; Bio-hazard) (yes, no, pending): | | |
| **Computing and IT Requirements** | | |
| Centre for Advanced Computing required (yes/no): | Internal GPUs or servers (yes/no): | |
| Other: | | |
| **Support Service Needs** | | |
| Brief description of support services needed (e.g., shipping/receiving, chemical/hazardous waste disposal, liquid N2 access, equipment calibration/maintenance, HVAC etc.): | | |
| **Plan for public health related measures** | | |
| Describe plans to implement Queen’s COVID-19 related public health measures (i.e.: physical distancing, disinfection, PPE usage, etc.): | | |
| **Plan for rapid shutdown, if needed.** | | |
| Describe what measures will be taken if a situation arises where rapid shutdown is needed: | | |

**Signatures:**  The signature of the Principal Investigator and Department Head verifies thorough review and validity of the content. Both signatures are required for the next level of approval.

**X**

Principal Investigator Date

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| **Unit Head Priority Rating** |
| Indicate priority rating (1, 2 or 3) per the *Queen’s Research and Facility Start-up Planning* document, and briefly explain rationale for rating: |
| **Additional comments from Unit Head, if needed.** |
|  |

**X**

Unit Head approval Date

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| **Additional comments from Vice-Dean (Research), if needed.** |
|  |

**X**

Faculty Dean approval Date