

**APHASIA INSTITUTE QUALITY, RESEARCH AND ETHICS COMMITTEE**

**Submission Checklist**

Send submission or questions to: Aphasia Institute  
Attn: Research, Development & Implementation Coordinator  
73 Scarsdale Road, Toronto ON, M3B 2R2  
Ph.: (416) 226-3636 Ext. 133  
Fax: (416) 226-3706  
E-mail: [research@aphasia.ca](mailto:research@aphasia.ca)

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The following outlines the requirements for submission of a research proposal to the Aphasia Institute Quality, Research and Ethics Committee (QRE). Please ensure that each document is clearly numbered and labelled in the submission. Incomplete application packages will be returned to the investigator, and this may result in a delay of the QRE review.

- 1. Application form & CV**
  - An abstract and/or lay summary should be included, and all fields must be completed
  - Principal Investigator/supervisor's CV should be appended
  
- 2. Prior Ethics/Scholarly Review approval letter and review comments** from the Research Ethics Board of a recognized institution
  
- 3. Protocol** (*Note: The application form is **not** a substitute for the protocol*)
  - Should not exceed four (4) pages
  - Double-spaced in a 12-point, non-compressed font
  - Word document (\*.doc) or Portable Document Format (\*.pdf)
  
- 4. A clear timeline** for the research
  
- 5. A budget** detailing the costs to the Aphasia Institute, if any
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  - For further information re: budgeting, see 'QRE Research Guidelines' document, Section D
  - Please specify which costs will and will not be covered by the researcher's institution/grant
  
- 6. Informed Consent Forms**
  - The initial consent form can be submitted in text format for *initial* QRE review\*
  - For questions regarding participants' rights and ethical issues, include these on the form or send questions to the Research, Development & Implementation Coordinator (contact above), who will liaise with the QRE Chair
  
- 7. Recruitment materials**
  - Please submit all posters, advertisements, flyers, or scripts that will be used for recruitment
  - The materials can be submitted in text format for *initial* QRE review\*

\* **Note:** Upon initial review and *provisional* approval of the proposal, the informed consent as well as all other recruitment materials to be viewed by a person with aphasia must be developed into an accurate communicatively accessible 'aphasia-friendly' pictographic format. However, the more information a researcher can provide at the *initial* submission, the more the review could be expedited – such as examples of how the researcher *may* translate the information into aphasia-friendly format. See QRE Research Guidelines document for further guidance and a sample aphasia-friendly informed consent.

**APHASIA INSTITUTE QUALITY, RESEARCH AND ETHICS COMMITTEE**

**ETHICS REVIEW SUBMISSION FORM**

**A. GENERAL INFORMATION**

**PRINCIPAL INVESTIGATOR INFORMATION**

Title:		Name:	
Department:		Institution:	
Telephone:	Fax:	E-mail:	
Street Address:			
City:	Province:	Postal Code:	
Signature of Principal Investigator:			Date:

**CO-INVESTIGATOR(S) INFORMATION**

1.	Title:	Name:	Institution:
2.	Title:	Name:	Institution:
3.	Title:	Name:	Institution:

**KEY CONTACT INFORMATION**

Title:		Name:	
Department:		Institution:	
Telephone:	Fax:	E-mail:	
Street Address:			
City:	Province:	Postal Code:	

**PRIOR ETHICS/SCIENTIFIC/SCHOLARLY REVIEW**

Attached

Relevant correspondence from the REB of a recognized institution **must** be attached for consideration.

**B. STUDY INFORMATION**

**INDICATE THE PRIMARY NATURE OF YOUR PROPOSAL (please select one)**

<input type="checkbox"/> A. Intervention Study	<input type="checkbox"/> C. Explanatory Research (e.g., identification of needs, descriptive analysis)
<input type="checkbox"/> B. Assessment Study	<input type="checkbox"/> D. Other (please specify):

**INDICATE THE DOMAINS TARGETED (Please select all that apply)**

<input type="checkbox"/> Participation e.g., relationships, roles, activities	<input type="checkbox"/> Personal Factors e.g., identity
<input type="checkbox"/> Environment e.g., perception of barriers	<input type="checkbox"/> Aphasia Severity e.g., ability to read

**PLEASE ALSO INDICATE OUTCOME DOMAIN (For intervention studies ONLY)**

<input type="checkbox"/> Participation e.g., change in relationships, roles, activities	<input type="checkbox"/> Personal Factors e.g., change in identity
<input type="checkbox"/> Environment e.g., change in perception of barriers	<input type="checkbox"/> Aphasia Severity e.g., change in ability to read

**INDICATE THE DATA SOURCE FOR YOUR STUDY (please select all that apply)**

<input type="checkbox"/>	Person with Aphasia:
<input type="checkbox"/>	Family, Caregiver:
<input type="checkbox"/>	Speech-Language Pathologist:
<input type="checkbox"/>	Other (e.g., Nurse Ratings – please specify):

**C. STUDY SUMMARY**

**TITLE:**

**SCIENTIFIC/TECHNICAL ABSTRACT (if available – Maximum ¼ page)**

**LAY SUMMARY (Required; Maximum ½ page)**  
 [\*Note: Plain language explanations required, as a best practice]

**D. ETHICAL ISSUES**

All documents that will be viewed by the participant **must** be included in the submission in *at least* text format for initial review. See QRE Research Guidelines document for further guidance.

Informed consent form	<input type="checkbox"/> Attached
Recruitment materials	<input type="checkbox"/> Attached