

**IRB/Research Ethics Office**

*www.mcgill.ca/medresearch/ethics*

Protocol Number:

Principal Investigator:

Study title:

Departmental Chair / Director:

This signature confirms that:

1. The Department/School is aware of this application and agree with its submission.

2. The Department/School acknowledges the roles and responsibilities imparted in McGill University’s Policy on the Ethical Conduct of Research Involving Human Participants and the Tri-Council Policy Statement *Ethical Conduct of Research Involving Humans* (TCPS2).

Date: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_