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| **Reason to FB** | **Date added:** | **Notes:** |
| Waiver of consent (alteration in consent process) | 15-Jan-10 | Waiver requested with use of impracticability however, initially the reserachers borrowed this wording from a previously approved study and applied it here without any argument being made.  |
| referred to Full Board by Stephen, “I think it should go to full board, a few issue need closer examination: genotyping, student population, hypoxic chamber, carbon monoxide inhalation. “ | 27-Sep-10 |   |
| referred to Full Board as was by Dr Hoption Cann due to genotyping, student population, hypoxic chamber, carbon monoxide inhalation. Additionally, the current study involves prolonged exposure to hypoxia via overnight stays in the normobaric hypoxic chamber. | 24-Oct-11 | Linked to the same study above. Submitted as Minimal Risk. Issues of use of nomabaric chamber. |
| Randomized study of a currently marketed NHP | Referred June 3, 2011 (PG) | Currently marketed product.  |
| Assent of children 7-12 | Referred September 29, 2011 (SR) | Assent. Level of review required due to age , risk? For discussion. \*In this study there would have had to be some pre-prereview to ascertain whether the xrays were SoC or research.  |
| Drawing blood from healthy subjects with no clinical requirement | Referred November 10, 2011 (ESB) | 100ml of blood at least being drawn, change requirement to an amount of blood that is MR? At least consider that blood draws are at least within a minimal amount of risk (OHRP allows venipuncture for sample collection (http://www.hhs.gov/ohrp/policy/expedited98.html), Research Categories, 2. Collection of blood samples); also FHA, Guidance Notes, Minimal Risk research. UBC CREB Minimal Risk GN currently states: "venipuncture or a central line already present as partr of clinical care installed as part of clinical care." |
| New registry  | Referred November 24, 2011 (ESB) | New registries are described ambiguously in the current MR GN and could be read to flow from clinical data collected prospectively. If they are previously approved at other sites (Intern'l; N. American only; Canada only...) for expedited review? Privacy concerns to consider. For discussion.  |
| Pancreatic Duct Pressures; The Correlation Between Pancreatic Cancer and Diabetes Mellitus | Referred January 18, 2012 (ESB) | Submitted MR but includes use of 'Combined Clamps' in the testing of Diabetes in patients post-surgery (for pancreatic tumors). This procedure is clearly being done regularly at VGH specialist (diabetic management) team. Worth finding out if it is, within reason, a minimal risk procedures.  |
| FN population (in another province), DNA/RNA analysis at UBC | Referred February 9, 2012 (ESB) | MR study, required clarification around what was being done at UBC (possible banking). Thinking about whether referring studies involving FN (read as 'vulnerable') to FB required… apply to other vulnerable populations? |
| Prospective, questinnaires, biological materials and samples taken (saliva) | Referred August 2, 2012 (ESB) | MR. Application unclear about what was happening to samples, possibility of banking but could be clarified with clear definition in MR GN about biomarkers, and other terminology around this type of research (genetic, tissue, bio. Materials banking).  |