Application Form Part B2: Requesting Canadian Blood Services Blood for Research

Instructions for completing Part B2

Please review the Application Guidelines available at <https://blood.ca/en/research/products-and-services-researchers/research-ethics-program> prior to completing an application form. Note that Part A must be completed in addition to Part B2 for studies requesting blood for research from the netCAD Blood4Research Program.

The netCADBlood4Research Program distributes Whole Blood, Apheresis Platelets, Apheresis Plasma, Pooled Platelets, and processed blood products for non-human use. For details about the available products, review the **“Blood Products and Samples Provided by netCAD Blood4Research Program”** document prior to completing your application. Blood products may be distributed to approved studies for a fee to recover some of the costs incurred by the Program. These fees may change at the discretion of the Canadian Blood Services. Download the **“Blood Products and Samples Provided by netCAD Blood4Research Program”** document at <https://blood.ca/en/research/products-and-services-researchers/products-research/obtain-blood-products-research>.

For details on the process Canadian Blood Services follows to involve donors in the netCAD Blood4Research Program, read the documents **“Blood Products and Samples Provided by netCAD Blood4Research Program”** and **“Annual Consent To Participate In Canadian Blood Services netCAD Blood4Research Program”** prior to completing your application. Any requests for deviations must be explained in Part B2. Download the documents at <https://blood.ca/en/research/products-and-services-researchers/products-research/obtain-blood-products-research>.

For additional information about the netCAD Blood4Research Program, visit <https://blood.ca/en/research/products-and-services-researchers/products-research/obtain-blood-products-research>. For any questions about the netCAD Blood4Research Program, contact [Blood4Research@blood.ca](mailto:Blood4Research@blood.ca).

Instructions for submitting an application including Part B2

Submit the completed Application Form Part A and Part B2 as separate word files (.docx) and all required supporting documents as separate files to [Blood4Research@blood.ca](mailto:Blood4Research@blood.ca). If your application package includes more than one Part B, submit the completed application package to [CBSREB@blood.ca](mailto:CBSREB@blood.ca).

1. Study Lay Title

*Study lay title must match study lay title provided in Part A*

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| --- |
| Click or tap here to enter text. |

1. Study Alignment to the Goals of the netCAD Blood4Research Program

Of the following three possible study outcomes, please indicate which best reflects the expected outcome for your study:

|  |
| --- |
| Choose an item. |

1. Blood Products Requested for the Study

**3.a.** Please identify the products requested from the netCAD Blood4Research Program.

|  |  |
| --- | --- |
| Product | Choose an item. |
| Number of products per request | Click or tap here to enter text. |
| Frequency of request | Choose an item. |
| Total number of products for duration of study | Click or tap here to enter text. |
| Special instructions  *e.g., donor criteria (blood group, gender, etc.); length of tail, etc.* | Click or tap here to enter text. |

*Add table(s) as needed to identify additional requested products. Click on the plus (+) sign at bottom right of table to add another table.*

**3.b.** If applicable, explain any deviations from the information provided in the documents known as “Blood Products and Samples Provided by netCAD Blood4Research Program ” and “Annual Consent To Participate In Canadian Blood Services netCAD Blood4Research Program ” (e.g., changes to the method of processing collected blood).

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| --- |
| Click or tap here to enter text. |

1. Genetic Testing and Genetic Analysis

**4.a.** Will genetic testing and/or genetic analysis be conducted on the biological sample(s) or any of the cells isolated from the sample(s)?

**No**, we will not be performing genetic testing and/or genetic analysis on the biological sample(s) or any cells isolated from the sample(s) provided by Canadian Blood Services.

**Yes**, we will be performing genetic testing and/or genetic analysis on the biological sample(s) or on cells isolated from the sample(s) provided by Canadian Blood Services.

**4.b.** If **yes to 4.a.**, please describe the planned genetic testing and/or genetic analysis in as much detail as possible.*Note: The netCAD Blood4Research Program cannot support all types of projects involving genetic testing and/or genetic analysis; therefore, depending on the nature of the proposed study, your application may not be approved.*

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1. Incidental Findings

**5.a.** Is there potential for reasonably foreseeable incidental findings?

*(Note: ‘Reasonably foreseeable’ means that the researcher anticipates that incidental findings may be found)*

**No,** proceed to 6.

**Yes**, proceed to 5.b.

**5.b.** Would the incidental findings be considered ‘material’?

*(Note: Incidental findings are considered ‘material’ if they are reasonably determined to have significant welfare implications for the participant. For more information on incidental findings and how to determine if they are ‘material’, refer to* [*Article 3.4*](https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter3-chapitre3.html) *of the Tri-Council Policy Statement (TCPS2) and the* [*How to Address Material Incidental Findings*](https://ethics.gc.ca/eng/incidental_findings.html) *Guidance document)*

|  |  |
| --- | --- |
| **No**, provide rationale below.   |  | | --- | |  | |

|  |  |
| --- | --- |
| **Yes**, provide a description of the analytical validity, potential significance to the participant, and the actionability of the findings below. A management plan will be required as a support document.  *(Note: Where there is potential for a reasonably foreseeable ‘material’ incidental finding, you will be required to provide a management plan as a support document. The plan should include a detailed description of the determination of the materiality of the findings including expertise/resources involved in making the assessment and relevant support documents as applicable, i.e. participant notification letter. See the ‘*[*How to Address Material Incidental Findings’*](https://ethics.gc.ca/eng/incidental_findings.html) *Guidance document for additional details on a management plan. External researchers should consult with their institutional REB for guidance on developing a management plan.)*   |  | | --- | |  | |

***Note: If during the course of the study, a foreseeable or unexpected material incidental finding is discovered, the principal investigator is required to report the finding to the CBS REB within 7 days*** *using the ‘*Adverse Event Report*’ form found on the* [*REP website*](https://www.blood.ca/en/research/products-and-services-researchers/research-ethics-program) *(*[*https://www.blood.ca/en/research/products-and-services-researchers/research-ethics-program*](https://www.blood.ca/en/research/products-and-services-researchers/research-ethics-program)*) and sending to* [*CBSREB@blood.ca*](mailto:CBSREB@blood.ca) *. External researchers must also notify their institutional REB following their policies and processes. A management plan for an unexpected material incidental finding must be developed promptly.*

1. Shipping and Receiving Information

**6.a.** Identify the person to be contacted about shipment and receipt of blood product(s).

If the same as Principal Investigator identified in Part A of the application, leave the section below blank.

If different, please provide contact and shipping details of the person who would be contacted about shipment and receipt of blood product(s) below.

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| --- | --- |
| First Name | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Title/Position | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, Province, Postal Code | Click or tap here to enter text. |
| Phone (**not** a personal phone number) | Click or tap here to enter text. |
| Email (**not** a personal email) | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |

**6.b.** The Principal Investigator is responsible for shipping charges associated with the distribution of blood products. Please provide FedEx account information to which the shipments can be charged.

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| --- | --- |
| FedEx Account Number | Click or tap here to enter text. |

1. Billing Information

Identify the person to be contacted for invoicing purposes.

**Note: Canadian Blood Services cannot accept payment by credit card.**

If the same as Principal Investigator identified in Part A of the application, leave the section below blank.

If different, provide customer information for invoicing purposes below.

|  |  |
| --- | --- |
| First Name | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Title/Position | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, Province, Postal Code | Click or tap here to enter text. |
| Phone (**not** a personal phone number) | Click or tap here to enter text. |
| Email (**not** a personal email) | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |

1. Supporting Documents Checklist

Please indicate all supporting documents submitted with this application.

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| **8.a. Academic institutional or commercial REB documentation (see Part A)**  *If the application is for a research study, please provide academic institutional REB or a commercial REB as applicable.* | |
| Institutional REB Application Included | Choose an item. |
| Institutional REB Approval letter Included | Choose an item. |
| **8.b. CCAC accredited Animal Care Committee documentation (see Part A)** | |
| Approval letter included | Choose an item. |
| **8.c. Other supporting documents** | |
| Study Protocol | Choose an item. |
| List any other supporting document(s). If not applicable, enter “N/A”. | Click or tap here to enter text. |
| **8.d.** If **No** to **8.a., 8.b.,** and/or **8.c.,** provide details as to why documentation is not provided. | |
| Click or tap here to enter text. | |

1. Principal Investigator Signature

*Note: The individual signing Part B2 must be the Principal Investigator identified in Part A.*

Canadian Blood Services obtains consent from blood donors to distribute their blood and blood products under the netCAD Blood4Research Program. Please confirm that you have read and understood the Canadian Blood Services documents known as “Blood Products and Samples Provided by netCAD Blood4Research Program” and “Annual Consent To Participate In Canadian Blood Services netCAD Blood4Research Program” available at <https://blood.ca/en/research/products-and-services-researchers/products-research/obtain-blood-products-research>.

I have read and understood the most recent version of the following documents available on www.blood.ca:

“Blood Products and Samples Provided by netCAD Blood4Research Program”.

“Annual Consent To Participate In Canadian Blood Services netCAD Blood4Research Program”.

By typing my name and the date below, and submitting this application, I, the Principal Investigator on this study, declare that all the information provided in Part A and Part B2 of this application is accurate and complete to the best of my knowledge and I agree to accept responsibility for the conduct of the proposed study.

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| --- | --- |
| First, Last Name |  |
| Date (YYYY-MM-DD) |  |

**Instructions for submitting the completed application package**

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