**Ethics Review Checklist**

|  |
| --- |
| **Instructions**   * This checklist will help you determine whether you need to submit your project for ethics review. * Complete the form by answering all the questions and items. If you have any doubts, please contact us at [secretaria.cirep@upf.edu](mailto:secretaria.cirep@upf.edu). |

**General Information**

|  |
| --- |
| Project Title: |
| PI Full Name: |
| Department (or institution, if not UPF): |
| Applicant Full Name (if different from PI): |

|  |  |  |
| --- | --- | --- |
| Do you plan to follow the approved lab protocol? | yes | no |

If you selected “no”, you should explain all aspects of the procedures that do not conform to the standard protocol (e.g., participant recruitment procedure, payment procedure, etc.) in detail so that CIREP can review the deviations.

When answering the questions below, please note that you must collect personal data of the participants in order to process the payment of compensation, even if the data will be processed by administrative staff of the university.

1. **Human Participants**

|  |  |  |
| --- | --- | --- |
| Does your research involve human participants? | yes | no |

If you answered “yes”, please respond to the questions below. If not, skip to section 2.

|  |  |  |
| --- | --- | --- |
| Are they minors under 14? | yes | no |
| Are they minors between 14 and 17? | yes | no |
| Are they over 65? | yes | no |
| Are they patients? | yes | no |
| Are they vulnerable populations or populations that may require special provisions? | yes | no |
| Is it impossible or unfeasible to obtain consent from the participants themselves? | yes | no |
| Does your project involve deceiving participants or providing only partial information? | yes | no |

1. **Protection of Personal Data**

|  |  |  |
| --- | --- | --- |
| Does your project involve personal data collection  and/or processing? | yes | no |

If you answered “yes”, please respond to the questions below. If not, skip to section 3.

|  |  |  |
| --- | --- | --- |
| Does it involve the collection and/or processing of special categories of personal data (i.e., data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, genetic data, biometric data, data concerning health, or data concerning a natural person’s sex life or sexual orientation)? | yes | no |
| Do you plan to import any material, including personal data, from non-EU countries? | yes | no |
| Do you plan to export any material, including personal data, to non-EU countries? | yes | no |
| Do you plan to share the personal data collected with other researchers? | yes | no |

1. **Other Ethics Issues**

|  |  |  |
| --- | --- | --- |
| In case of collaborative projects not led by UPF researchers, has the lead partner obtained approval from their institution’s ethics committee? | yes | no |
| In case of collaborative projects not led by UPF researchers, has the lead partner’s institution’s ethics committee deemed the project exempt from ethics review? | yes | no |
| Does your research involve animals? | yes | no |
| Does your research involve the use of elements that may cause harm to humans (including research team members, due to, for example, fieldwork in politically unstable countries or the use of harmful or radioactive materials in the lab), the environment, animals, or plants? | yes | no |
| Does your research have the potential for military applications (dual use) or for malevolent, criminal, or terrorist abuse (misuse)? | yes | no |

|  |
| --- |
| * If you answered “yes” to any of the questions in **sections 1 and 2**, please complete the application forms and submit them by email to [secretaria.cirep@upf.edu](mailto:secretaria.cirep@upf.edu). Before you submit your application, check the guide to determine which aspects you need to discuss in detail and whether you need to provide any supporting materials. * If you answered “yes” to any of the questions in **section 3**, please send us this checklist at [secretaria.cirep@upf.edu](mailto:secretaria.cirep@upf.edu) before you complete the other forms. |

**Signature**

|  |
| --- |
| Principal Investigator Date |