Nova Scotia Health Research Ethics Board
Centre for Clinical Research, Room 117
5790 University Ave., Halifax, NS B3H 1V7
Phone: 902-222-9263 email: ResearchEthics@nshealth.ca

Letter of Support and Committments from the Supervising Investigator

This letter is required for studies where the PI is a trainee or is not an NS Health staff member

Research Study	
Title of Protocol	

Principal Investigator (PI)	
Name	
Position	

Supervising Investigator (SI)	
Name	
Position	
Department / Division / Program / Service	

As the SI, your signature confirms you will assume the overall clinical and supervisory responsibility of the study from initiation to close. The study must follow:

- The REB-approved protocol;
- All applicable REB standards including requirements, institutional policies and procedures;
- Nova Scotia's Personal Health Information Act (PHIA);
- Personal Information International Disclosure Protection Act (PIIDPA);
- The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2).

As the SI, I commit:

1. To comply with any terms and conditions imposed by the Nova Scotia Health Research Ethics Board.
2. To comply with any terms and conditions imposed by Nova Scotia Health (the 'custodian').
3. To complete required training titled "Privacy and Cybersecurity" (found on NS Health's Learning Management System, code 0948.01) ensure I have signed the Pledge of Confidentiality during onboarding with Nova Scotia Health.
4. To use personal health information only for purposes outlined in the Ethics Application Form approved by the REB.

5. To limit the use of personal health information to the minimum amount necessary and to view the information in the most de-identified way possible. See NS Health Policy AD-AO-030 Privacy and Confidentiality of Personal Health Information.
6. Not to attempt to identify or contact individuals without their prior consent, unless otherwise authorized by the Nova Scotia Health REB and the Privacy Officer through a waiver of consent.
7. Not to publish information in a form where it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual, except with the individual's express consent.
8. To allow the Nova Scotia Health REB and Privacy Office to access or inspect the research premises to confirm that the research complies with the Nova Scotia's Personal Health Information Act and other applicable standards and agreements.
9. To notify Nova Scotia Health, the Nova Scotia Health Privacy Office and the REB immediately and in writing if personal health information is stolen, lost, or subject to unauthorized access, use, disclosure, copying or modification.
10. To notify Nova Scotia Health (the Nova Scotia Health Privacy Office and the REB) immediately and in writing of any known or suspected privacy breach or breach of applicable contracts/agreements.

Signature: _____ Date: _____
(SI)

Head, Chair, or VP of Supervising Investigator's NSHA Department/ Division/ Program/ Service	
Name	
Position	
Department / Division / Program / Service	

As the head of the SI, your signature confirms that the supervising investigator is qualified by education, training and experience to assume overall clinical and supervisory responsibility from the initiation to close of this study.

Signature: _____ Date: _____
(head, chair or VP of SI's dept / division / program / service)