



## REQUEST TO ACCESS DAN MANAGEMENT RESEARCH PARTICIPANTS

1. Ethics Protocol Review Number: \_\_\_\_\_
2. Name and Position of Investigator(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Title of Study:  
\_\_\_\_\_
4. Type of Study (circle one):      ONLINE                      LAB
5. Number of participants requested: \_\_\_\_\_
6. Approximate amount of time study will take participants: \_\_\_\_\_
7. If your research extends over more than one day, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
8. Desired start date of study: \_\_\_\_\_
9. Explain any special circumstances to be considered for determining allocation: (e.g., manuscript revisions, deadlines for student graduation, student from outside department, specific participant criteria, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Date

Submit completed form to Bonnie Simpson (Chair, Research Participation Committee) via email as an attachment to [bonnie.simpson@uwo.ca](mailto:bonnie.simpson@uwo.ca).