**Western Health LREP Cover Letter and Checklist**

The site Principal Investigator should submit this Cover Letter & Checklist with the complete Low & Negligible Risk application to the WH Office for Research.

**Date:** Select date

Dear WH Office for Research,

**ERM Project ID Reference:** E.g. 41234

**Project title**: Enter title

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| --- | --- | --- | --- |
| Principal Investigator | | Contact person | |
| Name: | Title, First & Surname | **Name:** | Title, First & Surname |
| Position: | Enter position title | **Position:** | Enter position title |
| Email: | Enter organisation email | **Email:** | Enter organisation email |
| Phone:: | Enter contact number | **Phone:** | Enter contact number |
| Sponsor | | | |
| Sponsor Name: | Name of Sponsor | **Email:** | Enter email address |
| Contact Person: | Name of contact person | **Phone:** | Enter contact number |

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| --- | --- | --- | --- | --- |
| Relevant Information for the Low Risk Ethics Panel | | | | |
| 1. Study Type | | | Choose an item. | |
| 1. Name of Principal Investigator at WH site: | | | Title, First & Surname | |
| 1. WH sites this application applies to (check all boxes that apply):   Sunshine Hospital  Footscray Hospital  Williamstown Hospital  Sunbury Day Hospital  Drug Health Services  Hazeldean Transition Care  Sunshine Radiation Therapy Centre  Bacchus Marsh and Melton Regional Hospital  Melton Health & Community Services  Bacchus Marsh Community Health Centre  Melton Health  Grant Lodge Residential Aged Care | | | | |
| 1. Sponsorship/Funding type:   \*Research agreement may be required  Commercial\*  Collaborative Group Sponsored\*  External Grants\*  Internally Sponsored  Other  Specify: Enter text | | | | |
| 1. Budget/Funding amount at WH site (if funded): | | | Enter Amount | |
| 1. Anticipated duration of study: | | | Enter number Months | |
| Anticipated Start Date: | Select date | | **Anticipated End Date:** | Select date |
| 1. Are there external researchers involved? | | No  Yes  If yes, see Honorary Researcher Eligibility Flowchart | | |
| 1. Please provide brief description of the research: | | | | |
| Click here to enter text. | | | | |

Yours sincerely,

Principal Investigator Name

Principal Investigator

1. **Clearly list all documents being submitted– Duplicate page if more documents attached**

**IMPORTANT** e-files should be clearly numbered to match the documents listed.

ONE hardcopy of all documents to be submitted to the WH Office for Research.

TWO electronic copies send via 1)Email to [ethics@wh.org.au](mailto:ethics@wh.org.au) and 2) Ethical Review Manager (ERM) website

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Number | Document Name | Version | Date | Hardcopy | | E-copy | |
| 1 | WH LREP Cover Letter and Checklist | N/A | Select date | Yes  No |  | Yes  No |  |
| 2 | Compliant Tax Invoice | N/A | Select date | Yes  No |  | Yes  No |  |
| 3 | Human Research Ethics Application (HREA) form | Enter version | Select date | Yes  No |  | Yes  No |  |
| 4 | Victorian Specific Module (VSM) | Enter version | Select date | Yes  No |  | Yes  No |  |
| 5 | Research Protocol | Enter version | Select date | Yes  No |  | Yes  No |  |
| 6 | WH LREP Site Specific Form | Enter version | Select date | Yes  No |  | Yes  No |  |
| 7 | Statement of Approval – [Dept] | Enter version | Select date | Yes  No |  | Yes  No |  |
| Enter Number | Enter document name | Enter version | Select date | Yes  No |  | Yes  No |  |
| Enter Number | Enter document name | Enter version | Select date | Yes  No |  | Yes  No |  |
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| Enter Number | Enter document name | Enter version | Select date | Yes  No |  | Yes  No |  |

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| 1. If “No” has been selected for any of the documents, please clarify why a hardcopy or e-copy has not been provided. Please specify what documents are missing at time of submission. |
| Click here to enter text. |

**Mandatory electronic file name convention:**

To ensure the electronic copies submitted are easily identifiable, the format outlined below must be used for all electronic files. As shown in example below, include version numbers (if applicable) and dates in the file name.

Projects submitted with documents that do not follow the below naming convention/format will not be considered and will be returned via email to sender.

**Convention**: [Reference Number/ERM Project ID] [Document Name] [version number] [Date DDMMMYY]

E.g. 41234 Amendment Request Form 01Jan19