**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

|  |  |
| --- | --- |
| 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 requiredCommercial\* [ ]  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 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 | YesNo | [ ] [ ]  | YesNo | [ ] [ ]  |
| 2 | Compliant Tax Invoice | N/A | Select date | YesNo | [ ] [ ]  | YesNo | [ ] [ ]  |
| 3 | Human Research Ethics Application (HREA) form | Enter version | Select date | YesNo | [ ] [ ]  | YesNo | [ ] [ ]  |
| 4 | Victorian Specific Module (VSM) | Enter version | Select date | YesNo | [ ] [ ]  | YesNo | [ ] [ ]  |
| 5 | Research Protocol | Enter version | Select date | YesNo | [ ] [ ]  | YesNo | [ ] [ ]  |
| 6 | WH LREP Site Specific Form | Enter version | Select date | YesNo | [ ] [ ]  | YesNo | [ ] [ ]  |
| 7 | Statement of Approval – [Dept] | Enter version | Select date | YesNo | [ ] [ ]  | YesNo | [ ] [ ]  |
| Enter Number | Enter document name | Enter version | Select date | YesNo | [ ] [ ]  | YesNo | [ ] [ ]  |
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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