



Research Application Checklist

Ethics Submission

Ethics submissions – mandatory items

- Cover letter** (addressed to HREC Chair, brief description of study, study sites and list of attachments)
- Ethics Application (HREA)** – completed online at [Ethical Review Manager](#)
- Protocol** (This is the specific plan for the research. Must have a version number and date) available from DDHHS-Research@health.qld.gov.au
- CVs of all investigators** (One page resume) available from DDHHS-Research@health.qld.gov.au
- Research Integrity Certificate** (required for all research team members) [DD-LOL](#) or [A-CTEC](#)

Study documents (possible appendices required for your study)

Y N N/A

All documents must have a version number, date and page number in the footer

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Data collection tool(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participant Information and Consent Forms (PICF) NHMRC Templates
<i>NB: Multi centre studies must have a MASTER PICF</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Questionnaire / Survey / Interview Guide or other instruments |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advertising materials e.g. script for advertisement, poster, e-mail, website, letter or phone call |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Letter / Email of invitation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other correspondence e.g. participant diary, peer review etc. |

Y N N/A

Study specific documentation

Clinical Trial

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Investigator's Brochure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial Notification |

Radiological procedures outside standard practice that are performed specifically for research

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Independent assessment report by a Medical Physicist or District Radiation Safety Officer |
|--------------------------|--------------------------|--------------------------|---|

When & Where to submit: All documents must be uploaded to ERM.

Submit anytime: Low or Negligible Risk

Submit according to HREC meeting closing dates: Greater than Low Risk

Contact Us

Research Ethics & Governance Officer, RDEU

(07) 4699 8449 / 0488 014 856

DDHHS-Research@health.qld.gov.au

