**Western Health QA/Low Risk Governance Cover Letter and Checklist**

The site Principal Investigator should submit this Cover Letter & Checklist with the completed research governance/Site Specific Assessment (SSA) application to the site Research Governance Office (RGO).

**Date:** Select date

Dear WH RGO,

**ERM ID Reference (if applicable):** E.g. 41234

**HREC Reference Number:** E.g. QA2020.123, LNR/19/ABC/123; HREC/41234/ABC-2018

**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 | | | | |
| 1. Sponsorship/Funding type:   \*Research agreement may be required  Commercial\*  Collaborative Group Sponsored\*  External Grants\*  Internally Sponsored  Other  Specify: Enter text | | | | |
| 1. Budget (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,

Name

Position

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.

Email e-copy documents to [ethics@wh.org.au](mailto:ethics@wh.org.au). Hardcopies to be submitted to the WH Office for Research

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number | Document Name | Version | Date | Hardcopy | | E-copy | |
| 1 | WH QA LR Governance Cover Letter | N/A | Select date | Yes  No |  | Yes  No |  |
| 2 | Compliant Tax Invoice | N/A | 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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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| --- |
| 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. |
| 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