

## Mandatory Electronic submission naming format

Researchers must submit an electronic copy of their submission to the Office for Research. The Project Reference Number (if known) must be included in both the email subject field and in the individual file names as outlined below.

### 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 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.

Please do not use the following symbols in your electronic filename: ! @ \$ % & ?

**Convention:** [Reference Number] [Document Name] [version number] [Date DDMMYY]

### Cover Letter

Cover Letter	Example
<p><i>Low Risk:</i> [Ref Number] Cover Letter DDMMYY</p>	<p>51234 LNR Cover Letter 01Jan19 HREC51234WH2019 LNR Cover Letter 01Jan19</p>
<p><i>Research Governance:</i> [Ref number] RG Cover Letter Checklist DDMMYY</p>	<p>HREC19MH123 RG Cover Letter Checklist 01Jan19 51234 RG Cover Letter Checklist 01Jan19</p>

### Human Research Ethics Application (HREA)

HREA	Example
<p>[Ref Number] HREA DDMMYY</p>	<p>HREC19MH123 HREA 01Jan19</p>
<p>* Date should be the Submission Reference Date</p>	<p>51234 HREA 01Jan19</p>

### Site Specific Assessment (SSA) Form

SSA	Example
<p>[Ref Number] SSA [Site] DDMMYY</p>	<p>HREC19MH123 SSA WH 01Jan19</p>
<p>* Date should be the Submission Reference Date</p>	<p>51234 SSA WH 01Jan19</p>

### Participation and Information Consent Form (Word Format Only)

PICF Types	Examples
<p><i>For Main PICFs</i></p>	<p>HREC19MH123 PICF WH Main v1 01Jan19</p>
<p>[Ref Number] PICF [WH/Master] Main v# DDMMYY</p>	<p>HREC19MH123 PICF Master Main v1 01Jan19</p>

<p><i>For Pharmacogenetic PICFs</i></p> <p>[Ref Number] PICF [WH/Master] PG v# DDMMYY</p>	<p>HREC19MH123 PICF WH PG v1 01Jan19</p> <p>HREC19MH123 PICF Master PG v1 01Jan19</p>
<p><i>For Pharmacokinetic PICFs</i></p> <p>[Ref Number] PICF [WH/Master] PK v# DDMMYY</p>	<p>HREC19MH123 PICF WH PK v1 01Jan19</p> <p>HREC19MH123 PICF Master PK v1 01Jan19</p>
<p><i>For Biomarker PICFs</i></p> <p>[Ref Number] PICF [WH/Master] BM v# DDMMYY</p>	<p>HREC19MH123 PICF WH Bio v1 01Jan19</p> <p>HREC19MH123 PICF Master Bio v1 01Jan19</p>
<p><i>For Person Responsible/Medical Treatment Decision Maker PICFs</i></p> <p>[Ref Number] PICF [WH/Master] PR] v# DDMMYY</p>	<p>HREC19MH123 PICF WH MTDM v1 01Jan19</p> <p>HREC19MH123 PICF Master MTDM v1 01Jan19</p>
<p><i>For Person after Person Responsible consent to Continue after Procedural Authorisation PICFs</i></p> <p>[Ref Number] PICF [WH/Master] Person PRCPA v# DDMMYY</p>	<p>HREC19MH123 PICF WH Person PRCPA v1 01Jan19</p> <p>HREC19MH123 PICF Master Person PRCPA v1 01Jan19</p>
<p><i>For Person Responsible consent to Continue after Procedural Authorisation PICFs</i></p> <p>[Ref Number] PICF [WH/Master] PR Continue PA v# DDMMYY</p>	<p>HREC19MH123 PICF WH PR Continue PA v1 01Jan19</p> <p>HREC19MH123 PICF Master PR Continue PA v1 01Jan19</p>
<p><i>For Participant consent to Continue after Procedural Authorisation PICFs</i></p> <p>[Ref Number] PICF [WH/Master] Continue PA v# DDMMYY</p>	<p>HREC19MH123 PICF WH Continue PA v1 01Jan19</p> <p>HREC19MH123 PICF Master Continue PA v1 01Jan19</p>

**Protocol**

<b>Protocol</b>	<b>Example</b>
<p>[Ref Number] Protocol [Protocol number] v# DDMMYY</p> <p>OR</p> <p>[Ref Number] Protocol [Protocol number] Amendment # v# DDMMYY</p>	<p>HREC19MH123 Protocol ABC123 v1 01Jan19</p> <p>HREC19MH123 Protocol ABC123 Amendment 1 v2 01Feb19</p>

**Victorian Specific Module (VSM)**

Victorian Specific Module	Example
[Ref Number] VSM signed DDMMYY	HREC19MH123 VSM signed 01Jan19

**Investigator Brochure**

Investigator Brochures	Example
[Ref Number] IB [Drug name] [Ed#/v#] DDMMYY	HREC19MH123 IB XDrug Ed1 01Jan19 HREC19MH123 IB XDrug v1 01Jan19

**Budget**

Budget	Example
[Ref Number] Budget DDMMYY	HREC19MH123 Budget 01Jan19

**Compliant Tax Invoice**

Compliant Tax Invoice	Example
[Ref Number] Compliant Tax Invoice DDMMYY	HREC19MH123 Compliant Tax Invoice DDMMYY
<i>Remittance details:</i>	
[Ref Number] Remittance DDMMYY	HREC19MH123 Remittance DDMMYY

**Medicines Australia Standard Form of Indemnity**

Medicines Australia Indemnity	Example
[Ref Number] Indemnity [WH/HREC Review Only] DDMMYY	HREC19MH123 Indemnity WH 01Jan19 HREC19MH123 Indemnity HREC Review Only 01Jan19

**Clinical Trial Notification (CTN) Form**

Clinical Trial Notification Form	Example
[Ref Number] CTN [Site] [Application ID] DDMMYY DRAFT/Submitted	HREC19MH123 eCTN WH CT-2019-CTN-12345-1 v1 01Jan19 DRAFT HREC19MH123 eCTN WH CT-2019-CTN-12345-1 v1 01Jan19 Submitted

**Clinical Trial Research Agreement**

Clinical Trial Research Agreement/Research Collaboration Agreement	Example
<i>Partially executed:</i> [Ref Number] [CTRA/RCA] PE DDMMYY (date of last signature)	HREC19MH123 CTRA PE 01Jan19 51234 RCA PE 01Jan19
<i>Fully Executed:</i> [Ref Number] [CTRA /RCA] FE DDMMYY (date of last signature)	HREC19MH123 CTRA FE 01Jan19 51234 RCA FE 01Jan19

**Western Health Quality Assurance Application Form**

QA Application & Checklist Form	Example
[Ref Number] QA Application Form DDMMYY	51234 QA Application Form 01Jan19 QA2019.123 QA Application Form 01Jan19

**Western Health LREP Site Specific Form**

Western Health LREP Site Specific Form	Example
[Ref Number] WH LREP Site Specific Form DDMMYY (date signed by PI)	51234 WH LREP Site Specific Form 01Jan19

**Western Health Statement of Approval Form**

Statement of Approval	Example
[Ref Number] SOA [Department] DDMMYY (date of head of department signature)	HREC19MH123 SOA Health Information 01Jan19 51234 SOA Physiotherapy 01Jan19

**Data Collection Tool/Sheet**

Data Collection Tool/Sheet	Example
[Ref Number] Data Collection Tool v# DDMMYY	HREC19MH123 Data Collection Tool v1 01Jan19
[Ref Number] Data Collection Excel v# DDMMYY	QA2019.123 Data Collection Excel v1 01Jan19

**Questionnaires**

Questionnaires	Example
[Ref number] Questionnaire [Abbreviated name of questionnaire] v# DDMMYY	HREC19MH123 Questionnaire QOL v1 01Jan19 51234 Questionnaire EORTC QLQ-C30 v1 01Jan19

**Advertisement**

Advertisement	Example
[Ref number] Advertisement [Type: Flyer/Newspaper/Poster] v# DDMMYY	HREC19MH123 Advertisement Poster v1 01Jan19 51234 Advertisement Flyer v1 01Jan19

**Patient ID Card**

Patient ID Card	Example
[Ref number] Patient ID Card v# DDMMYY	HREC19MH123 Patient ID Card v1 01Jan19

**Databank Registration Form**

Databank Registration Form	Example
[Ref number] Databank Registration Form DDMMYY	HREC19MH123 Databank Registration Form 01Jan19

**Reviewing HREC Approval Letter/Certificate**

Reviewing HREC Approval Letter/Certificate	Example
<i>For final approval</i> [Ref Number] HREC Approval Letter DDMMYY	HREC19MH123 HREC Approval Letter 01Jan19
<i>For Amendments</i> [Ref Number] HREC Amendment Approval Letter DDMMYY	HREC19MH123 HREC Amendment Approval Letter 01Jan19
<i>For Correspondences/Noting</i> [Ref Number] HREC Acknowledgment Letter DDMMYY	HREC19MH123 HREC Acknowledgment Letter 01Jan19

**Curriculum Vitae**

Curriculum Vitae	Example
[First Name] [Last Name] CV DDMMYY	John Smith CV 01Jan19

**Good Clinical Practice Certificate**

Good Clinical Practice	Example
[First Name] [Last Name] GCP DDMMYY	John Smith GCP 01Jan19

**Western Health Research Code of Conduct**

WH Research Code of Conduct	Example
[First Name] [Last Name] WH Code DDMMYY	John Smith WH Code 01Jan19

**Honorary Researcher Application**

Honorary Researcher Application Documents	Example
<i>Honorary Researcher Application Form:</i> HRAF [Name of applicant] DDMMYY	HRAF John Smith 01Jan19
<i>Fit2Work Form:</i> [Name of Applicant] Fit2Work DDMMYY	John Smith Fit2Work 01Jan19
<i>Certified Documents:</i> [Name of Applicant] Certified Docs	John Smith Certified Docs
<i>Staff Clinic Immunisation Clearance Email:</i> [Name of Applicant] Staff Clinic Clearance DDMMYY	John Smith Staff Clinic Clearance 01Jan19

**HREC Amendment Form**

HREC Amendment Form	Example
[Ref number] HREC Amendment Form DDMMYY	HREC19MH123 HREC Amendment Form 01Jan19

**Western Health Change of Personnel Form**

Western Health Change of Personnel	Example
[Ref Number] WH Change of Personnel Form DDMMYY	QA2019.123 WH Change of Personnel Form 01Jan19 51234 WH Change of Personnel Form 01Jan19 HREC51234WH2019 WH Change of Personnel Form 01Jan19

**Western Health Amendment Request Form**

Western Health Amendment Request	Example
[Ref Number] WH Amendment Request Form DDMMYY	HREC51234WH2019 WH Amendment Form 01Jan19 QA2019.123 WH Amendment Form 01Jan19

**Western Health Progress Report Form**

Western Health Progress Report	Example
[Ref Number] WH [Annual/Final] Progress Report Form DDMMYY	HREC51234WH2019 Annual Progress Report Form 01Jan19 HREC51234WH2019 WH Final Progress Report Form 01Jan19

**Western Health Self-Audit Form**

Western Health Self Audit Form	Example
[Ref Number] WH Self Audit DDMMYY	HREC18MH123 WH Self Audit 01Jan19 HREC51234WH2019 WH Self Audit 01Jan19 QA2019.123 WH Self Audit 01Jan19

**Other Attachments**

If you have any other attachments, please clearly state what they are and then add the reference number, version and date.

[Reference Number] [Document Name] [version number] [Date DDMMYY]