

# RESEARCH PROJECT ETHICS CHECKLIST FOR COORDINATING PRINCIPAL INVESTIGATORS

Name of HREC \_\_\_\_\_

A copy of this checklist must be included with every new research project application submitted to the reviewing HREC.

<b>A Mandatory components for all submissions to a HREC</b>		Yes	No	N/A	No. of copies
1	Cover letter* signed by Coordinating Principal Investigator	<input type="checkbox"/>			_____
2	NEAF with a <i>Submission Code</i> (MUST be accessed from Online Forms website <a href="http://www.ethicsform.org/au">www.ethicsform.org/au</a> )	<input type="checkbox"/>			_____
3	Study protocol <sup>†</sup>	<input type="checkbox"/>			_____
4	CV for researchers who have not submitted a CV to the reviewing HREC within the last 2 years	<input type="checkbox"/>			_____
5	For studies taking place in Victoria: Victorian Specific Module (access from <a href="http://www.health.vic.gov.au/cchre">www.health.vic.gov.au/cchre</a> )	<input type="checkbox"/>			_____
6	For studies taking place in New South Wales: Privacy Form, if applicable (access from <a href="http://www.health.vic.gov.au/cchre">www.health.vic.gov.au/cchre</a> )	<input type="checkbox"/>			_____

**\*Cover letter must include:**

- A brief description of project including the Phase of the study if a clinical trial
- A list of all sites applicable to the HREC application for the study
- A list of supporting documentation submitted, including version dates/numbers
- For commercially sponsored studies: the name and address of the sponsor organisation/CRO/CRA for the HREC review invoice (Australian address)
- HREC Reference Number allocated by the Central Coordinating Service (QLD) or Central Allocation System (VIC) if submitted in those states

<sup>†</sup>The protocol may contain some of the information in the NEAF but the protocol is required because it is the working document for the study; the formal design or specific plan for the research. If revisions occur during the course of the research, a revised protocol must be submitted to the reviewing HREC as an amendment. The protocol must include a version date/number which is changed as the document is updated.

<b>B Other items that may be required depending on the particular research project</b>		Yes	No	N/A	No. of copies
7	Master Participant Information Sheet and Consent Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	Site-Master (if applicable) Participant Information Sheet and Consent Form with site-specific wording added (provided by the site's Principal Investigator to the Coordinating Principal Investigator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	CTN form(s) – include original CTN forms with details for each site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	CTX Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11	Investigator's Brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12	Questionnaires/other instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13	Data collection tool(s) e.g. Case Report Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14	Form of Indemnity (Medicines Australia HREC Review Only form) for each participating site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15	Copy of the Form of Indemnity (Standard form) for each participating site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16	Advertising materials (including transcript for advertisement, e-mail, website, letter, telephone call etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17	Letter of invitation/Letter to GP, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18	Participant diaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19	Participant wallet card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20	Other correspondence e.g. FDA reviews, correspondence from other HRECs, expert independent reviews, peer review etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Research using gene technology**

21	Institutional Biosafety Committee (IBC) approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22	Licence for dealings with a Genetically Modified Organism (GMO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Research using radiological procedures that are performed for research**

23	For each site in NSW or QLD, <b>either</b> <ul style="list-style-type: none"> <li>• A letter from the PI stating that radiation exposure is part of normal clinical management/care (access template from <a href="http://www.health.vic.gov.au/cchre">www.health.vic.gov.au/cchre</a>)</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>• If radiation exposure is <u>additional</u> to that received as part of normal clinical management/care: an independent assessment report by a Medical Physicist of the total effective dose and relevant organ doses including risk assessment</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24	For Victorian sites: Complete Section 4 – “Use of Ionising Radiation” for <b>each</b> Victorian site (provided by site's Principal Investigator to Coordinating Principal Investigator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## PRINCIPAL INVESTIGATORS' ETHICS CHECKLIST

The **Principal Investigator** at each site participating in a multi-site study is responsible for providing the Coordinating Principal Investigator with the following documents as part of the HREC submission.

A Items that may be required depending on the particular research project application	Yes	N/A	No. of copies
1 Site-Master (if applicable) Participant Information Sheet and Consent Form with site-specific wording	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 For each site in NSW or QLD, <b>either</b>			
• A letter from the PI stating that radiation exposure is part of normal clinical management/care (access template from <a href="http://www.health.vic.gov.au/cchre">www.health.vic.gov.au/cchre</a> )	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>OR</b>			
• If radiation exposure is <u>additional</u> to that received as part of normal clinical management/care: an independent assessment report by a Medical Physicist of the total effective dose and relevant organ doses including risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 For Victorian sites: Complete Section 4 – “Use of Ionising Radiation” for <b>each</b> Victorian site	<input type="checkbox"/>	<input type="checkbox"/>	_____

## INFORMATION

### Online Forms Website

Online Forms allows access to NEAF and SSA forms. If investigators or applicants have not previously registered an account, please create one at [www.ethicsform.org/au](http://www.ethicsform.org/au)

### IT Help Desk

For technical issues regarding the Online Forms website and application forms, investigators or applicants can contact the IT Help Desk. This facility can also be used for AU RED queries from reviewing HREC Coordinators and Research Governance Officers. Available Monday - Friday, 10am - 4pm EST Phone 02 9037 8404; Email [helpdesk@infonetica.net](mailto:helpdesk@infonetica.net)

### State-Specific Contact Information

For information on the streamlined system for ethical review of clinical trials, please use the contact details below.

#### New South Wales

The Office for Medical Research acts as a resource centre and source of advice to clinicians, researchers and Human Research Ethics Committees.

<b>Office for Medical Research website</b>	<a href="http://www.health.nsw.gov.au/ethics/research">www.health.nsw.gov.au/ethics/research</a>
<b>Email</b> Preferred method of communication	<a href="mailto:healthethics@doh.health.nsw.gov.au">healthethics@doh.health.nsw.gov.au</a>
<b>Telephone</b>	02 9391 9785

#### Queensland

The Research Ethics and Governance Unit (REGU) is responsible for consultation, development and review of State-wide research ethics and research governance policies.

<b>Office of Health and Medical Research website</b>	<a href="http://www.health.qld.gov.au/ohmr">www.health.qld.gov.au/ohmr</a>
<b>Email</b>	<a href="mailto:regu@health.qld.gov.au">regu@health.qld.gov.au</a>
<b>Telephone</b>	07 3234 0034
<b>Central Coordinating Service (CCS) line</b> For allocating a HREC application to a reviewing HREC in Queensland	1300 QLD CCS (1300 753 227) or 07 3234 0654

#### Victoria

Governance of the streamlined ethical review for multi-site clinical trials is provided by the Consultative Council for Human Research Ethics. Support for users of the system is provided by the Coordinating Office for Human Research Ethics.

<b>Consultative Council for Human Research Ethics website</b>	<a href="http://www.health.vic.gov.au/cchre">www.health.vic.gov.au/cchre</a>
<b>Email</b>	<a href="mailto:multisite.ethics@health.vic.gov.au">multisite.ethics@health.vic.gov.au</a>
<b>General enquiries line</b>	03 9092 1981
<b>Information line</b> For system and application form-related questions	03 9092 1987
<b>Central Allocation System (CAS) line</b> For allocating a HREC application to a reviewing HREC in Victoria	03 9092 1983