



**ST. VINCENT'S HEALTH AND AGED CARE**  
**HUMAN RESEARCH AND ETHICS COMMITTEE**  
**SUBMISSION COVER SHEET**

Submission type	<input type="checkbox"/> New Submission <input type="checkbox"/> Amendment <input type="checkbox"/> Documents for noting / Reports	<input type="checkbox"/> Ethics Endorsement for Authorised Prescriber Application <input type="checkbox"/> Request for Access to Medical Records
Date:		
HREC reference (if known)		
SVHA location	<input type="checkbox"/> St Vincent's Private Hospital Brisbane (SVPHB) <input type="checkbox"/> St Vincent's Private Hospital Toowoomba (SVPHT)	<input type="checkbox"/> Holy Spirit Northside Private Hospital (HSNPH) <input type="checkbox"/> St. Vincent's Care Services
Site Approval	<input type="checkbox"/> Approved <input type="checkbox"/> In Progress <input type="checkbox"/> Not Commenced	
<b>TITLE OF THE RESEARCH PROPOSAL</b>		
<b>LAY DESCRIPTION</b>		
<ul style="list-style-type: none"> <li>give a concise and brief synopsis of the research in plain language (150 words max).</li> <li>For amendments please provide a clear description of the amendment/s and where applicable, page references.</li> <li>For documents such as SUSARs, SAEs, annual reports, etc., please provide an opinion from the Principal Investigator.</li> </ul>		
<b>Principal Investigator / Authorised Prescriber:</b>		
<b>Study Contact Person</b>		
Name		Email:
<b>SVHA Main Contact for project:</b>		



Inspired  
by *You*

Please indicate if research requires demands on SVHA resources	<input type="checkbox"/> No demands on SVHA Resources	<input type="checkbox"/> Access to Medical Records
	<input type="checkbox"/> Access to SVHA facilities (equipment/space)	<input type="checkbox"/> Involvement of SVHA Staff
	<input type="checkbox"/> Use of SVHA equipment of facilities	Please supply further information below if required:
Desired Start Date		Desired Finish Date

Please list all documents being submitted			
	Document Name	Version	Document Date
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