Enter Date

Dear SESLHD Research Office

An ethics application with the following details has been uploaded on REGIS:

|  |  |
| --- | --- |
| **REGIS Ethics Application Number** | *e.g. 2024/ETHXXXX* |
| **Project Title** |  |
| **Sponsor (please include for clinical trial applications)** |  |

Please include relevant background information relevant to review of this research as necessary.

**Ethics approval is being sought to cover the following sites.** Include all sites (public/private) whereresearch activity is taking place, e.g. recruitment; data entry/collection; analyses for which you are seeking ethics approval for with this application.

|  |  |  |
| --- | --- | --- |
| **Name of Site**  | **State/Territory** | **Activity at site** |
|  |  | *i.e. recruitment only* |
|  |  | *i.e. study visits* |
|  |  | *i.e. biospecimen/data analysis* |

**Documents uploaded on REGIS:**

|  |  |  |
| --- | --- | --- |
| Document Name | Version Number | Date |
| *e.g. Protocol* | *1* | *10/02/2024* |
| *e.g. Participant Information Sheet and Consent Form* | *1* | *12/02/2024* |
| *Method of Payment form (for clinical trials)* | - | - |
|  |  |  |
|  |  |  |
|  |  |  |

Yours Sincerely,

**CPI/PI**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Email |  | Phone |  |

**Contact Person** for this application (if same as above, leave blank)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Email |  | Phone |  |