**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**

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| **Human Research Ethics Committee Submission Covering Letter**  **Clinical Trials (Phase 2/3/4) and Health and Medical Research Studies** | | | |
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| Sections 1 and 2 of this form must be completed by the coordinating Principal Investigator (CPI) for all multi-site projects or the Principal Investigator (PI) for single site projects when submitting a new no phase, Phase 2/3/4/ clinical trial of an investigational drug and or device study to the Central Adelaide Local Health Network Human Research Ethics Committee (CALHN HREC) for ethical and scientific review. \*Asterisk denotes mandatory fields.  **Submit as supplementary documentation with application via** [**Research GEMS**](https://gems.sahealth.sa.gov.au/Account/SignIn) | | | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | CPI Name: Enter text | | Protocol No: Enter text | | Phase:Enter text | | \*Program: Enter text | | \*Department: Enter text | | | | Study title: | Enter text | | | | | \*Institution responsible for protocol/results ownership | | | Enter text | |   If a study is a sponsored clinical trial all sites must be listed in the submitted HREA under M6.2.1.2.6 Provide the following details for each site where the clinical trial/study will be conducted.  If your study is not a clinical trial list the sites and investigators below.   |  |  |  |  | | --- | --- | --- | --- | | Site Name | Public  Private | State | Investigator Name | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | Enter text | |

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| 1. **RADIATION\*** |
| All research involving any form of radiation must comply with relevant National and State legislation, organisational policies and procedures, and codes and standards of practice provided by the NHMRC and the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA).  SA Medical Imaging now has online system to determine if you will be required to submit a Radiation Safety Report for your study.  You can access the new form via [https://redcap.link/SAMIethicsrequest](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fredcap.link%2FSAMIethicsrequest&data=05%7C01%7CHealth.CALHNResearchEthics%40sa.gov.au%7C50842f265183491c924808dbb8b8811e%7Cbda528f7fca9432fbc98bd7e90d40906%7C1%7C0%7C638306874794731360%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=nmJ9lSnVVzQSElhoaosumjVdEAyN8D%2BXu9qymBuAJck%3D&reserved=0)  - enter your contact details and you will receive an email with a link to the new form.  Provide a copy of the outcome of your REDCap submission as part of your submission to CALHN HREC. (Either a copy of the email stating you do not require Radiation Safety Report or a copy of the Radiation Safety Report) If multisite a radiation report or a standard of care statement must be provided for **all** sites.  *Any problems accessing the REDCap system contact SA Medical Imaging at* [*radiationsafety@sa.gov.au*](mailto:radiationsafety@sa.gov.au)  **\*JUSTIFICATION IF RADIATION IS STANDARD OF CARE**  That is, if a patient was not enrolled in the above study, they would still receive an equivalent number of exams involving the use of ionising radiation at the specified intervals as stated in the research protocol. In making this determination investigators have considered:   1. The body region being examined. 2. The modality being identical to that used as part of standard care. 3. Frequency or number of the exams proposed. 4. Differing cancers of potential patients.  |  | | --- | | \*Provide a justification statement (include number of exams involving the use of ionising radiation)  Enter text | |
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| 1. **INVESTIGATOR STATEMENT\*** |

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| The Investigator Statement must be submitted together with the protocol submission. The following questions must be addressed in the statement. | | | |
| **\*What is the current standard treatment for this patient population at CALHN/NALHN?** | | | |
| Enter text | | | |
| **What are the overall benefits to the project participant?** | | | |
| Enter text | | | |
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| **What are the risks to the project participant?** | | | |
| Enter text | | | |
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