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**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**

**Human Research Ethics Committee (TQEH/LMH/MH)**
*The Queen Elizabeth Hospital / Lyell McEwin Hospital / Modbury Hospital*

**Royal Adelaide Hospital Research Ethics Committee**

**HREC Reference Number Allocation Request**

**This form is required only if you wish to be allocated a HREC reference number prior to submission.**

**Please fill out ALL sections and return to** **Health.CALHNResearchEthics.sa.gov.au**

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| **HREC Committee:** | [ ]  TQEH – Human Research Ethics Committee (TQEH/LMH/MH)[ ]  RAH – Royal Adelaide Hospital Research Ethics Committee |
| **Study type:** | [ ]  Other       |
| **Study Type** | [ ] FTIH/FTIP Clinical Trial – Drug[ ]  Clinical Trial - Drug [ ]  Clinical Trial (Other)[ ]  Other*(Please state)* | [ ] FTIH/FTIP Clinical Trial – Device[ ]  Clinical Trial - Device[x]  Clinical Research | [ ]  FTIH/FTIP Clinical Trial – Drug & Device[ ]  Clinical Trial - Drug & Device[ ]  Health Research/Social Science |
| **Application Type:** | [ ]  Single Site[ ]  Multi Site |
|  |  |
| **Short Title:** *(max 70 characters)* |       |
| **Long Title:** |       |
| **CPI/PI Name:** |       |
| **Study Coordinator Name:** |       |
| **Study Coordinator Phone:** |       |

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| --- | --- |
| **HREC Ref:***(to be completed by Ethics Officer)* | HREC/     /     /      |