

## Western Health Governance Cover Letter and Checklist

The site Principal Investigator should submit this Cover Letter & Checklist with the completed research governance/Site Specific Assessment (SSA) application to the site Research Governance Office (RGO).

**Date:** Select date

Dear WH RGO,

**ERM ID Reference:** E.g. 41234

**HREC Reference Number (if known):** E.g. HREC/18/ABC/123; HREC/41234/ABC-2018

**Project title:** Enter title

| Applicant              |            | Sponsor                |            |
|------------------------|------------|------------------------|------------|
| <b>Contact Person:</b> | Enter text | <b>Sponsor Name:</b>   | Enter text |
| <b>Position:</b>       | Enter text | <b>Contact person:</b> | Enter text |
| <b>Email:</b>          | Enter text | <b>Address:</b>        | Enter text |
| <b>Phone:</b>          | Enter text | <b>Email:</b>          | Enter text |
|                        |            | <b>Phone:</b>          | Enter text |

| Relevant Information for RGO  |   |
|---|---|
| <b>1. Name of Reviewing Human Research Ethics Committee</b>   | Enter text  |
| <b>2. Name of Principal Investigator at WH site:</b>  | Enter text  |
| <b>3. Study Type:</b>   | Choose an item.   |
| <b>4. WH sites this SSA application applies to (check all boxes that apply):</b>  |   |
| Sunshine Hospital <input type="checkbox"/>  | Footscray Hospital <input type="checkbox"/>                         |
| Sunbury Day Hospital <input type="checkbox"/>   | Drug Health Services <input type="checkbox"/>                       |
| Sunshine Radiation Therapy Centre <input type="checkbox"/>  | Bacchus Marsh and Melton Regional Hospital <input type="checkbox"/> |
| Melton Health & Community Services <input type="checkbox"/>   | Bacchus Marsh Community Health Centre <input type="checkbox"/>      |
| Melton Health <input type="checkbox"/>  | Grant Lodge Residential Aged Care <input type="checkbox"/>          |
| <b>5. Approximate number of patients being recruited at WH sites:</b>   | Enter number  |
| <b>6. Funding type:</b>   |   |
| Commercial <input type="checkbox"/>   | Collaborative Group Sponsored <input type="checkbox"/>              |
| Internal Funding <input type="checkbox"/>   | External Grants <input type="checkbox"/>                            |
| Other <input type="checkbox"/> Specify: Enter text  |   |
| <b>7. Budget/Funding amount at WH site(if funded):</b>  | Enter Amount  |
| <b>8. Are you using any unapproved drugs or devices?</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> Go to Q9   |
| <b>8.1. If yes, please attach eCTN/eCTX print preview in landscape format</b>   |   |
| Attached <input type="checkbox"/> Not attached <input type="checkbox"/> Please explain why this has not been provided: Enter text |   |
| <b>9. Anticipated duration of study:</b>  | Enter number Months   |
| <b>10. Please provide any additional relevant information to the RGO</b>  |   |
| Enter text  |   |

Yours sincerely,

Name  
Position

## 11. Clearly list all documents being submitted– Duplicate page if more documents attached

**IMPORTANT** e-files should be clearly numbered to match the documents listed.

Email e-copy documents to [ethics@wh.org.au](mailto:ethics@wh.org.au). Hardcopies to be submitted to the WH Office for Research

| Number       | Document Name       | Version       | Date        | Hardcopy |                          | E-copy |                          |
|--------------|---------------------|---------------|-------------|----------|--------------------------|--------|--------------------------|
| Enter Number | Enter document name | Enter version | Select date | Yes      | <input type="checkbox"/> | Yes    | <input type="checkbox"/> |
|              |                     |               |             | No       | <input type="checkbox"/> | No     | <input type="checkbox"/> |
| Enter Number | Enter document name | Enter version | Select date | Yes      | <input type="checkbox"/> | Yes    | <input type="checkbox"/> |
|              |                     |               |             | No       | <input type="checkbox"/> | No     | <input type="checkbox"/> |
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**12. If “No” has been selected for any of the documents, please clarify why a hardcopy or e-copy has not been provided. Please specify what documents are missing at time of submission.**

Enter text