



Checklist for new submissions to research governance

	Yes	No	N/A
Site Specific Authorisation (SSA) form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• PI signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Head of Department signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Business Manager signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Divisional Co-Director signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Budget/Funding page completed and evidence of funding provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Support Department page(s) completed/signed and signed service agreements provided, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governance (where applicable)			
Study Protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Trial Agreement (draft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of any funding agreement (grant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Form (draft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance certificate of currency (policy wording may be requested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigator Brochure/drug information OR Device Manual/specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Trial Notification (CTN) (draft online form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TGA ARTG number if drug/device registered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a clinical trial, has the ANZ Clinical Trial Registry number been included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Safety Officer Report (Dosimetry report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Radiological Council approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict of Interest form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declaration of Confidentiality (for non-WA health employees if not previously submitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics Forms			
<ul style="list-style-type: none"> • If a non-SMHS HREC reviews the project, the <u>complete HREC submission</u> is required, including final approval letter, in addition to any site specific documentation • If a SMHS HREC reviews the project, please ensure documents specific for site are included e.g. as below 			
Participant Information and Consent Form (Site PICF based on master approved by HREC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of advertising to be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any additional approval letters (e.g. WAAHEC, DoH HREC, University ethics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>