# Checklist and instructions for new Low/Negligible Risk (LNR) to the

# SESLHD- Human Research Ethics Committee (HREC)

This information relates to Low/negligible Risk (LNR) applications. **Please note that some items in the list below might not be relevant to your application (**for example a questionnaire is not relevant if you undertake a chart review).

* If you are submitting **via REGIS** you do not need to contact the RSO prior to submission.
* Please email [SESLHD-RSO@health.nsw.gov.au](mailto:SESLHD-RSO@health.nsw.gov.au) prior to submitting a new application to register your intention to submit; include the full project title, principal investigator, contact person, and site. You will receive a confirmation email with the HREC reference number.
* Please refer to the meeting schedule on the website for submission deadlines and meeting dates.

|  |  |  |
| --- | --- | --- |
| **CHECKLIST FOR LNR APPLICATIONS**   * **NO HARD COPIES REQUIRED** * **If you are submitting via Online Forms, please send an electronic copy of the application form and all supporting documents to** [**SESLHD-RSO@health.nsw.gov.au**](mailto:SESLHD-RSO@health.nsw.gov.au) * **If you are submitting via REGIS you do not need to email us your documents.** | | |
| **REQUIRED DOCUMENTS** | **Send by email only** | **COMPLETED or Not applicable** |
| 1. **Cover letter indicating:**  * HREC reference number * List of supporting documents specifying version number and date * Sponsor’s details for invoicing of HREC fees <http://www.health.nsw.gov.au/policies/pd/2008/pdf/PD2008_030.pdf> | **1** |  |
| 1. **Low Negligible Risk Application** | **1** |  |
| 1. **Protocol** (if applicable)   Include in the footer on every page: version number, date and page number (e.g. Page 1 of 2). | **1** |  |
| 1. **Participant Information Sheet & Consent Form** (if applicable)   Include in the footer on every page: version number, date and page number (e.g. Page 1 of 2). | **1** |  |
| 1. **Data Collection Sheet** (if applicable)   Include all data items to be collected from health records e.g. medical notes, eMR, departmental database etc. All identifiers to be collected should also be listed e.g. MRN, Name, DOB etc | **1** |  |
| 1. **Questionnaire(s)** (if applicable)Include all questionnaires developed specifically for your project.   Validated, published tools are not required but must be listed in the protocol.  Include in the footer on every page: version number, date and page number (e.g. Page 1 of 2). | **1** |  |
| 1. **Other documents requiring ethical approval** Such as letters of introduction, interview topics, telephone scripts, advertising materials, patient diaries, fliers.Include in the footer on every page: version number, date and page number (e.g. Page 1 of 2). | **1** |  |
| 1. **Completed checklist** | **1** |  |

**CONTACT THE RESEARCH SUPPORT OFFICE**

Phone: (02) 9382 3587

Email: [SESLHD-RSO@health.nsw.gov.au](mailto:SESLHD-RSO@health.nsw.gov.au)

**Please refer to the Site Specific Assessment checklist before submitting governance documentation.**