

HREC Proposal Check Sheet

Project no:

| | | | | | |
|--|--|---|--|--|--|
| | | - | | | |
|--|--|---|--|--|--|

Project title:

Conflicts of interest?

Y / N

Assessor name and position:

If yes, please specify:

1. Research team

| | | | | | |
|------------------------------|---|---|---|---|----|
| Appropriately qualified | Y | / | N | / | NA |
| Appropriate supervision | Y | / | N | / | NA |
| Adequate funding / resources | Y | / | N | / | NA |

4. Privacy and confidentiality

| | | | | | |
|-------------------------------|---|---|---|---|----|
| Appropriate de-identification | Y | / | N | / | NA |
| Safe storage and disposal | Y | / | N | / | NA |
| Appropriate length of storage | Y | / | N | / | NA |

2. Project

| | | | | | |
|----------------------------|---|---|---|---|----|
| Research plan clear | Y | / | N | / | NA |
| Research of significance | Y | / | N | / | NA |
| Adequate literature review | Y | / | N | / | NA |
| Appropriate methodology | Y | / | N | / | NA |

5. Feedback and publication

| | | | | | |
|------------------------------------|---|---|---|---|----|
| Appropriate to participants | Y | / | N | / | NA |
| Appropriate to communities | Y | / | N | / | NA |
| Significant conflicts of interest? | Y | / | N | / | NA |
| Letters of support? | Y | / | N | / | NA |

3. Risks and benefits to participants

| | | | | | |
|--|---|---|---|---|----|
| Risk of physical harm | Y | / | N | / | NA |
| Risk of psychological harm | Y | / | N | / | NA |
| Risk of other harm | Y | / | N | / | NA |
| Adequate harm minimisation | Y | / | N | / | NA |
| Overly onerous on participants | Y | / | N | / | NA |
| Appropriate safeguards for vulnerable groups * | Y | / | N | / | NA |
| Benefits to participants (direct) | Y | / | N | / | NA |
| Benefits to others (indirect) | Y | / | N | / | NA |
| Benefits proportionate to risks | Y | / | N | / | NA |

6. Patient information form

| | | | | | |
|---------------------------------|---|---|---|---|----|
| | Y | / | N | / | NA |
| Letterhead, title | Y | / | N | / | NA |
| Identifies researchers properly | Y | / | N | / | NA |
| Contains relevant information | Y | / | N | / | NA |
| Expressed in plain language | Y | / | N | / | NA |
| Assurance of confidentiality | Y | / | N | / | NA |
| This is for you to keep | Y | / | N | / | NA |
| Concerns and complaints | Y | / | N | / | NA |
| Risks and benefits | Y | / | N | / | NA |

7. Consent form

| | | | | | |
|--------------------------------|---|---|---|---|----|
| | Y | / | N | / | NA |
| Letterhead, title, researchers | Y | / | N | / | NA |
| This means you can say NO | Y | / | N | / | NA |
| Consent for all procedures | Y | / | N | / | NA |
| Space for witness, interpreter | Y | / | N | / | NA |

*Including: children, not mentally or questionably competent, non-English speaking, Aboriginal or Torres Strait Islander, vulnerable or dependent relationship

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Nature of study:

| | | | |
|-----------------------------|---|---|---|
| Quantitative | Y | / | N |
| Audit (retrospective) | Y | / | N |
| Cross-sectional | Y | / | N |
| Case control | Y | / | N |
| Cohort | Y | / | N |
| Randomized controlled trial | Y | / | N |
| Qualitative | Y | / | N |
| Questionnaire or survey | Y | / | N |
| Interviews | Y | / | N |
| Focus groups | Y | / | N |

Procedures to be used:

| | | | |
|--|---|---|---|
| Administration of drugs / therapeutic agents | Y | / | N |
| Invasive procedures | Y | / | N |
| Collection of blood / human tissue samples | Y | / | N |
| Involves human genetic information | Y | / | N |
| Involves stem cells / embryos | Y | / | N |
| Collection of sensitive information | Y | / | N |
| Access to medical or other records | Y | / | N |
| Data linkage | Y | / | N |
| Audio or video taping | Y | / | N |

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Additional comments:

OVERALL ASSESSMENT

| | Minimal | Moderate | High |
|--|--------------------------|--------------------------|--------------------------|
| Risks to participants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benefit to participants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Adequate | Minor concerns | Major concerns |
| Informed consent process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Procedures for maintaining confidentiality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACTION:

Approved

Conditionally approved – to chair

Conditionally approved – to fast-track

Not approved

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |