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Description automatically generated with medium confidence

**HUMAN RESEARCH ETHICS COMMITTEE**

**of NT Health and Menzies School of Health Research**

**CONDITIONAL APPROVAL RESPONSE FORM**

* ***Submission Instructions:*** *Submit a signed version of your conditional approval response (including all attachments) to the Ethics Office at:* [*NTHREC@menzies.edu.au*](mailto:NTHREC@menzies.edu.au)
* ***Response Time:*** *Committee response will be emailed to you in approximately 2-3 weeks*

**A. Project Details**

|  |  |
| --- | --- |
| **Response date** |  |
| **HREC File Ref Number** |  |
| **Project Title** |  |
| **Principal Investigator** |  |

**B. Responses TO CONDITIONS**

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| **1** | **Enter Committee’s condition (in full)**  Overtype here |
| **Researcher’s Response**  Overtype here | |

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| **2** | **Enter Committee’s condition (in full)**  Overtype here |
| **Researcher’s Response**  Overtype here | |

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| **3** | **Enter Committee’s condition (in full)**  Overtype here |
| **Researcher’s Response**  Overtype here | |

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| **7** | **Enter Committee’s condition (in full)**  Overtype here |
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| **9** | **Enter Committee’s condition (in full)**  Overtype here |
| **Researcher’s Response**  Overtype here | |

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| **10** | **Enter Committee’s condition (in full)**  Overtype here |
| **Researcher’s Response**  Overtype here | |

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| IMPORTANT   * If you have more than 10 conditions to respond to please copy and paste the sections to add more rows. * If you have less than 10 conditions please delete the boxes that are not required before submission. |

**Principal Investigator Name:**

**Signature:                                          Date:**