

**003-FORM-HREC**

**SUBMISSION CHECKLIST**

Protocol title:			
Principal Investigator:			
Human Research Ethics Committee meeting date:			
Scientific Review Sub-Committee meeting date:			
No.	Description: <b>All documents should be submitted electronically. The HREC members have signed individual confidentiality agreements and documents will not be distributed except for the purpose of review.</b>	Yes. Please tick	No. Please tick
1.	New Protocol Application form (001-FORM-HREC) if it used	<input type="checkbox"/>	<input type="checkbox"/>
2.	Completed Ethics Application Form - Low and or Negligible Risk Form (LNR) or Human Research Ethics Application (HREA) ( <a href="https://hrea.gov.au/">https://hrea.gov.au/</a> ) if used	<input type="checkbox"/>	<input type="checkbox"/>
3.	Participant Information and Consent Form (PICF)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Questionnaires, diaries, product information and other documents to be given directly to participants	<input type="checkbox"/>	<input type="checkbox"/>
5.	Recruitment procedures and advertising material (if applicable). If this is not in the protocol please write this as separate document.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Protocol	<input type="checkbox"/>	<input type="checkbox"/>
7.	Short, current signed Curriculum vitae of Principal Investigator ( <i>if not already submitted previously</i> )	<input type="checkbox"/>	<input type="checkbox"/>
8.	Copy of current medical registration (if required) for Principal Investigator and co-investigators ( <i>if not already submitted previously</i> )	<input type="checkbox"/>	<input type="checkbox"/>
9.	RANZCO HREC services agreement for commercially sponsored research	<input type="checkbox"/>	<input type="checkbox"/>
10.	Investigator's Brochure for the investigational drug or Product Information (where applicable). <i>If an Investigator's Brochure is not available then the following information should be provided:</i> <ul style="list-style-type: none"> <li>• <i>Chemical and pharmaceutical data (chemical structure, stereochemistry, physicochemical data, formulation, stability and bioavailability);</i></li> <li>• <i>Preclinical data;</i></li> <li>• <i>Clinical data;</i></li> </ul> <i>References to support efficacy and safety of proposed use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Australian or overseas product information for the standard treatments used in the trial	<input type="checkbox"/>	<input type="checkbox"/>
12.	NSW Shared Scientific Assessment scheme report (if available)	<input type="checkbox"/>	<input type="checkbox"/>
13.	CTN (where applicable). <i>For a CTX application include:</i> <ul style="list-style-type: none"> <li>• <i>Section 4 of the CTX;</i></li> <li>• <i>TGA comments and evidence of satisfactory resolution of any issues raised;</i></li> <li>• <i>TGA approved usage guidelines.</i></li> </ul>		
14.	Conflict of Interest Declaration 002-FORM-HREC if there is a conflict	<input type="checkbox"/>	<input type="checkbox"/>
15.	Medicines Australia Indemnity Form - HREC review only or Standard	<input type="checkbox"/>	<input type="checkbox"/>
16.	Sponsor and Investigator Clinical Trial Agreement	<input type="checkbox"/>	<input type="checkbox"/>
17.	Sponsor Certificate of Insurance	<input type="checkbox"/>	<input type="checkbox"/>
18.	Cover Letter to HREC Chair	<input type="checkbox"/>	<input type="checkbox"/>

Signature of person submitting report:		Date:	__/__/__
Name:		Fax:	
Telephone:		Email:	

The Royal Australian and New Zealand College of Ophthalmologists				Version:	2.0
Authorised:	DCO: <i>A. Kiernan</i>	Date: 2/3/2016	Doc #	003-FORM-HREC	
Unless signed and dated by the College Manager, this document is uncontrolled at the time of printing.			Date:	2 Mar. 2016	
			Pages:	Page 1 of 1	