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|  | **Received:**  |
| **Name of Principal Investigator:** |  |
|  |  |
| **Full Project Title:** |  |

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| --- | --- | --- | --- |
| **DOCUMENTATION** | **COMMENTS / DOCUMENTS CITED** | **DATE**  | **SIGNED** |
| Participant Information & Consent Forms |  |  |  |
| Evidence of Cultural Consultation |  |  |  |
| Evidence of approval from student supervisor (for academic research) |  |  |  |
| Evidence of academic institutional review & approval (for academic research) |  |  |  |
| Service Manager / Clinical Director / Nurse Director approval (as applicable) |  |  |  |
| Contract or Agreement |  |  |  |
| Request for data from IS |  |  |  |
| HDEC Ethical review undertaken (as applicable) |  |  |  |
| Research spreadsheet updated |  |  |  |

**HBDHB Research Review**

The research project has been reviewed with the following prior to approval:

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| Name: |  | Signature: |       |
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| Date: |  | Designation: |  |

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| Comments: |