

**CONCORD RESEARCH OFFICE - CRGH**

**2012 MEETING DATES**

<b>Submission Cut-Off ALL RESEARCH</b>	<b>Scientific Sub Committee Meeting</b>	<b>(EERP) Expedited Ethics Review Panel Meeting</b>	<b>(HREC) Human Research Ethics Committee Meeting</b>
<b>24 January</b>	<b>8 February</b>	<b>15 February</b>	<b>23 February</b>
<b>28 February</b>	<b>14 March</b>	<b>21 March</b>	<b>29 March</b>
<b>27 March</b>	<b>11 April</b>	<b>18 April</b>	<b>26 April</b>
<b>24 April</b>	<b>16 May</b>	<b>23 May</b>	<b>31 May</b>
<b>29 May</b>	<b>13 June</b>	<b>20 June</b>	<b>28 June</b>
<b>26 June</b>	<b>11 July</b>	<b>18 July</b>	<b>26 July</b>
<b>24 July</b>	<b>15 August</b>	<b>22 August</b>	<b>30 August</b>
<b>28 August</b>	<b>12 September</b>	<b>19 September</b>	<b>27 September</b>
<b>25 September</b>	<b>10 October</b>	<b>17 October</b>	<b>25 October</b>
<b>23 October</b>	<b>7 November</b>	<b>14 November</b>	<b>22 November</b>
<b>20 November</b>	<b>5 December</b>	<b>12 December</b>	<b>13 December</b>

*Required Documentation for all Submissions:*

Application form                    1 original  
Participant Information Sheet    1 original  
Participant Consent Form        1 original

*Required Documentation for Site Specific Assessment:*

SSA Application Form            1 original \*

*\*If research is being conducted at CRGH*

## ***Documents required for submission to Human Research Ethics Committee***

<b>Study protocols</b>	One study protocol for every submission (10 copies if clinical trial)
<b>Investigator's brochure or Product information for a Clinical Trial</b>	4 copies

*Please ensure all Originals are Single Sided for the following:*

<b>NEAF (National Ethics Application Form) or LNR (Low &amp; Negligible Risk) ethics application form</b>  <a href="http://www.ethicsform.org/au">www.ethicsform.org/au</a>	1 original
<b>Approval letter from other institutions</b> <i>(if applicable)</i>	1 copy
<b>Participant information sheet</b>	1 original
<b>Participant Consent Form</b>	1 original
<b>Therapeutic Goods Administration Application Form</b> <i>(if applicable)</i>	1 original
<b>Standard Medicines Australia Form of Indemnity Letter</b> <i>(if applicable)</i>	3 originals
<b>Standard Medicines Australia Clinical Trial Agreement</b> <i>(if applicable)</i>	3 originals
<b>Insurance Certificate</b> <i>(if applicable)</i>	1 copy
<b>Diary, patient card, questionnaire, advertisement etc</b> <i>(if applicable)</i>	1 original