

## Low-Risk Research Ethics Application Checklist

Refer to the [research@ihm.edu.au](mailto:research@ihm.edu.au) website for further information.

This checklist serves as a guide to ensure all necessary documentation is prepared and submitted for low-risk ethics review.

The researcher should submit this checklist when applying for ethics approval

<b>Document to be used in the project</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Participant Information Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant Consent Form (PICF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questionnaire(s)/Survey Instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Collection Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview/Focus Group Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertisement Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invitation Email/Letter to Participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochure/Flyer or Recruitment Poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translation/Back-translation documents (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional application documents</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Health Information Services request (for medical records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Storage & Security Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT Security review application/approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biospecimen Addendum to Low Risk Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics & Governance payment form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional Approval/Support Letter (if involving sites)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **SUBMITTING YOUR APPLICATION:**

- Email the single site low risk application and relevant documents to the [research@ihm.edu.au](mailto:research@ihm.edu.au)
- In the subject field, type “Project for low-risk ethical review”, followed by your last name
- Attach all documents as separate documents (not joined into one PDF)