Date

NSLHD Research Office

Level 13, Kolling Building

Royal North Shore Hospital

St Leonards

NSW 2065

**RE: REGIS reference number: (20XX/ETHXXXX)**

**Study title:**

Dear NSLHD HREC,

Please find attached the following documentation which comprises a new application for HREC Review; (*please note this is a sample template and not all documents listed may be applicable to every application*)

* HREA
* Method of Payment (MOP) form
* Protocol, Version XX, dated XX/XX/XXXX
* If applicable - Master and Site-specific Patient Information and Consent Forms
* ABC form, version XX, dated XX/XX/XXXX
* Study Flyer, version XX, dated XX/XX/XXXX

This is/is not a STUDENT PROJECT (NB. Undergraduate and Medical students cannot be the CPI of a study.)

We seek HREC approval for the following sites:

* Royal North Shore Hospital
* Ryde Hospital
* XX hospital

(List all sites for which HREC approval is being sought, and indicate if they are public/private.)

Yours sincerely,

Cover letter signed by the CPI

Cc Study Investigator

Dept XXX

XXX Hospital

Tel

Email