****

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**

**Central Adelaide Local Health Network Human Research Ethics Committee
(CALHN HREC)**

**HREC Reference Number Allocation Request**

**This form is required only if you wish to be allocated a HREC reference number prior to submission.**

**Please fill out ALL sections and return to** **Health.CALHNResearchEthics.sa.gov.au**

|  |  |
| --- | --- |
| **Study type:** | [ ]  Other       |
| **Study Type** | [ ] FTIH/FTIP Clinical Trial – Drug[ ]  Clinical Trial - Drug [ ]  Clinical Trial (Other)[ ]  Other*(Please state)* | [ ] FTIH/FTIP Clinical Trial – Device[ ]  Clinical Trial - Device[x]  Clinical Research | [ ]  FTIH/FTIP Clinical Trial – Drug & Device[ ]  Clinical Trial - Drug & Device[ ]  Health Research/Social Science |
| **Application Type:** | [ ]  Single Site[ ]  Multi Site |
|  |  |
| **Short Title:** *(max 70 characters)* |       |
| **Long Title:** |       |
| **CPI/PI Name:** |       |
| **Study Coordinator Name:** |       |
| **Study Coordinator Phone:** |       |

|  |  |
| --- | --- |
| **HREC Ref:***(to be completed by Ethics Officer)* | HREC/     /     /      |