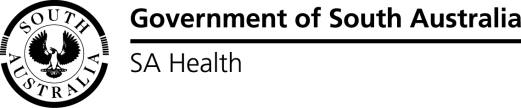
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**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**

**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**](mailto:qeh.ethics@health.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  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/     /     / |