**OFFICE USE ONLY**

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| --- | --- | --- | --- |
| *Research Project No* |  |  |  |
| *Submission date* |  | *Operational approval date* |  |
| *Date of Lifeblood HREC approval* |  | *Lifeblood HREC approval date expires* |  |
| *Date of RRGC approval* |  | *Date agreement signed* |  |
| *No. of samples approved* |  | *Type/ volume of approved samples* |  |

# DETAILS OF PROJECT

|  |  |
| --- | --- |
| Scientific/ grant title of project |  |
| Title of project in plain English |  |

# DETAILS OF CHIEF INVESTIGATOR

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position |  | | |
| Institution |  | | |
| Address |  | | |
| Phone |  | Email |  |
| Mobile |  | Fax |  |

# DETAILS OF DEFAULT CONTACT PERSON (IF NOT CHIEF INVESTIGATOR)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position |  | | |
| Connection with Project |  | | |
| Institution |  | | |
| Address |  | | |
| Phone |  | Email |  |
| Mobile |  | Fax |  |

# RESEARCH INFORMATION

1. Please provide a brief summary of the research project in ‘plain English’.  
   *Include purpose, background, significance and potential benefit of the project.*

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1. What specific material (samples or data) are you requesting from the ABMDR or its donors?  
   Include inclusion and exclusion criteria.

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1. What quantity of material is required?

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1. How many donors or samples does this involve?

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1. What is the timeframe for the project?

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| **APPLICATION CHECKLIST** | *Yes* | *No* | *N/A* |
| *Human Research Ethics Application (HREA) which includes a plain English description of the research. All boxes/details must be completed and the form signed by the Chief Investigator/delegate prior to submission.* |  |  |  |
| *Research Protocol: This should provide a full scientific description of the research including background, aims, hypotheses, research plan, methods, analysis, potential significance, outcomes and references.* |  |  |  |
| *Evidence of researchers’ own institution’s HREC approval including comments and requested alterations to the protocol and evidence of Scientific Review.* |  |  |  |
| ***If required*** | | | |
| *ABMDR Participant Information Form and Consent Form* |  |  |  |
| *Telephone and email scripts for participant recruitment* |  |  |  |
| *TGA Clinical Trial Notification Form signed by the Chief Investigator.* |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Chief Investigator |  | | |
| Signature |  | Date |  |