



## Request for Research Review of HREA Approved Projects

*To complete this application form you will need:*

1. A copy of your HREA Application
2. A copy of your HREA Approval Letter
3. A copy of the budget for your research project

- **HREA Reference Number:**
  
- **Project Title:**
  
- **Principal Investigator:**
  
- **Anticipated Start Date:** **Anticipated End Date:**

### Description of Research Project

- **Research Objectives:**
  
- **Description of Methodology**
  
- **How do you wish to partner with Central Health for this research project? Please be specific with respect to logistics ie. a room, office, equipment, human resources, etc.**
  
- **How will the Research Review Committee be informed of the results of this research project?**

## Pharmacy

- Does this research project involve the use of medication (including placebos) other than those normally used for patients? YES ( ) NO ( )
- Will medications (Active or Placebos) be dispensed by the Hospital Pharmacy? YES ( ) NO ( )
- **Please provide additional pertinent information, if required:**

## Tests and Procedures

- Does this research project involve local laboratory tests, x-rays, or other imaging techniques other *than required for normal patient care*? YES ( ) NO ( )
- Will samples be sent to Central Health laboratories for testing? YES ( ) NO ( )
- Does this project request use of archived biological samples? YES ( ) NO ( )
- **Please provide additional pertinent information, if required:**

## Health Records

- Does this research project require access to Health Records? YES ( ) NO ( )
- **If yes...**
  - How many records? \_\_\_\_\_
  - What information will be collected?
- **Please provide additional pertinent information, if required:**

## Other Hospital Supports

- Does this research project require assistance of nurses or hospital staff other than the research personnel? YES ( ) NO ( )
- Does this research project involve admission of subjects to the hospital or the clinical investigation unit? YES ( ) NO ( )
  - **If yes, please describe:**
- **Please provide additional pertinent information, if required:**

## Consent

The approval of this request is contingent upon:

- Adequate funding to support this research project
- The research providing upon request an update on the progress of the research project

**Your signature on this form gives approval to list your research project in our database monitoring research involving Central Health.**

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

**Please submit this form digitally to:**

Doug Prince  
Central Regional Health Authority  
Central Newfoundland Regional Health Centre, NL A2A 1E0  
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