

NT Health

Research Governance Office (RGO)

**Access request form for research projects**

Purpose of the Form

A human research project that requires support from a Health Service in the form of access to NT Health patients, staff, tissue or data but does not involve the conduct of research at any facilities, locations or services (**site**) under the control of that Health Service, is not required to undergo a governance review using a Site Specific Assessment (**SSA**) Form.

When this form should be used

An Access Request Review using this form is required when the research project involves:

* participant recruitment through posters, leaflets, handouts, and letter of invitation (but not recruitment through direct contact with potential participants or enrolment);
* distribution of surveys and questionnaires through personnel of the Health Service (but not collation and analysis of responses at that Health Service); and
* access to data or tissue held at the Health Service (but not processing or analysis at that Health Service).

Instructions for completion

Forward the completed application form along with all supporting documents to the NT Health Research Governance Office at [nthealth.rgo@nt.gov.au](mailto:nthealth.rgo@nt.gov.au)

The RGO will assess the submitted form and attachments. If further information is required, the Coordinating Principal Investigator (CPI)/Principal Investigator (PI) will be notified by the RGO.

**Please note that request for completion on an SSA may be requested at the discretion of the reviewing Research Governance Officer.**

|  |  |  |
| --- | --- | --- |
| 1. **PROJECT DETAILS** | | |
| 1.1 | **Reviewing Human Research Ethics Committee (HREC)** | |
|  | Name of HREC reviewing the research project | Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research, NT HREC (EC00153)  Central Australian Human Research Ethics Committee, CAHREC (EC00155)  Charles Darwin University Human Research Ethics Committee (EC00154)  National Mutual Acceptance (NMA) approving Human Research Ethics Committee: |
| Reviewing HREC Application Reference Number |  |
| If under NMA, NT HREC Reference number |  |
| 1.2 | **Sponsor details** | |
| Name of Sponsor |  |
| Sponsor Type | Collaborative Research Group  Investigator Initiated Group  Institution  University  Other: |
| 1.3 | **Project Title** | |
| Full/Scientific Title |  |
| Short Title |  |
| Acronym *\*if applicable* |  |
| 1.4 | **Project Type** | Biospecimen Analysis Research  Survey/Interview/Focus Group Research  Data Linkage Research  Data Request – Other  Other, please specify: |
| 1.5 | **Brief Summary of Project in Plain Language**  Briefly outline in plain language, the project’s aim(s), justification, participant group(s), project design and methods and expected outcomes. This is to enable the RGO to understand the nature and impact of the research project at the site | |
|  | |
| 1.6 | **Anticipated Project Start Date** | *\_\_\_\_/ \_\_\_\_/ \_\_\_\_* |
| Start date refers to the anticipated first point of recruitment, i.e. the date when the advertising or screening for participants begins. | |
| 1.7 | **Anticipated Project Finish Date** | *\_\_\_\_/ \_\_\_\_/ \_\_\_\_* |
| Finish date refers to when no further contact with participants and/or data source is foreseen including the data analysis and reporting period. | |

|  |  |  |
| --- | --- | --- |
| 1. **ACCESS REQUEST DETAILS** | | |
| 2.1 | Type of access to participants (select all that apply) | Access to participants - staff  Access to patient tissue/biological samples  Access to data/linked data  Other, please specify: |
| 2.2 | List the name of the facilities/locations/services included in this application: | |
| 2.3 | For each NT Health requested site(s), please summarise what is being requested from each facility, location or service listed | |
| 2.4 | What is the purpose for requesting this access? | |
| 2.5 | Describe the proposed access process. | |

|  |  |  |
| --- | --- | --- |
| 1. **COORDINATING PRINCIPAL INVESTIGATOR DETAILS** | | |
| 3.1 | Name (including title) |  |
| 3.2 | Institution |  |
| 3.3 | Phone Number |  |
| 3.4 | Email address |  |

|  |  |  |
| --- | --- | --- |
| 1. **DOCUMENT SUBMISSION CHECKLIST** | | |
|  | **Person Completing Form** | **RGO only** |
| Have all sections on the form been completed? | Yes  No |  |
| Has a copy of the HREC application been attached? | Yes  No  N/A |  |
| Has a copy of the HREC approval letter been attached? | Yes  No  Pending |  |
| If under NMA, has a copy of the HREC reciprocal approval letter been attached? | Yes  No  Pending |  |
| Has a copy of the Protocol been attached? | Yes  No  N/A |  |
| Has a copy of all documents to be distributed through the sites within the Health Service been provided, e.g. posters, leaflets or handouts; letters of invitation (on research site letterhead); and surveys and questionnaires. | Yes  No  N/A |  |
| Has a written confirmation of support from staff of the facilities, locations or services through which you are seeking access to participants, tissue or data\* been attached? | Yes  No |  |
| *(\*) Written confirmation of support from organisational delegate(s) for example:*   * *staff members who agreed to put up posters, hand out leaflets and letter of invitations to potential participants of your research project;* * *head of department/manager who agreed to distribute questionnaires or surveys to staff by e-mail; and* * *head of department or data custodian who agreed to provide access to medical records, data or tissue held in collections or databases under their management, in line with ethical conditions imposed by the approving HREC.* | | |

|  |  |
| --- | --- |
| 1. **DECLARATION OF COORDINATING PRINCIPAL INVESTIGATOR** | |
| * The information provided is complete and correct. * The project is being conducted in keeping with the conditions of approval of the reviewing HREC and RGO (and subject to any changes subsequently approved). * The project is being conducted in accordance with the protocol. Any further changes to the project documentation, timeline, personnel or sites will be notified in writing to the reviewing HREC(s) and/or the relevant RGO. * The project is being conducted in compliance with the *NHMRC National Statement on the Ethical Conduct in Human Research* (2018), *NHMRC Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders* (2018)*, NHMRC Keeping Research on Track ll* (2018), the *Australian Code for the Responsible Conduct of Research* (2018) and *Note for Guidance on Good Clinical Practice* (CPMP/ICH/135/95). | |
| Name |  |
| Signature |  |
| Date | *\_\_\_\_/ \_\_\_\_/ \_\_\_\_* |

|  |  |
| --- | --- |
| 1. **FINAL AUTHORISATION BY THE RESEARCH GOVERNANCE OFFICE (EXECUTIVE DIRECTOR)** | |
| Name |  |
| Position |  |
| Signature |  |
| Date | *\_\_\_\_/ \_\_\_\_/ \_\_\_\_* |