

LOCAL COMMITTEE CHECKLIST:

COMMITTEE CONTACT DETAILS:

Name of Committee: Research Ethics Committee, UL Hospitals Group, Mid-West Region
Contact Person: Ms. Nicola Moloney, Research Ethics Committee Manager.
Address: Quality & Safety Department, UL Hospitals Group, HSE, Unit 2,
Loughmore Avenue, Raheen Business Park, Limerick, V94 P7X9
Tel: 061 482817
E-Mail: nicola.moloney@hse.ie

LOCAL REQUIREMENTS (IF ANY):

Please ensure you have all the relevant documentation as outlined below included in your submission.

- Research Ethics Standard Application Form *
- Local Committee Declaration & Signatory Page *
- Research Proposal/Protocol *
- Interview Schedule (if applicable).
- Questionnaires (if applicable).
- Participant Information Sheet (if applicable).
- Participant Consent Form (if applicable).
- Letter of support from the relevant Head of Service/Lead Consultant where the research study involves patients (or information about patients) under their care, or staff (or information about staff) within their remit *
- CV of Principal Investigator *
- Evidence of GDPR Training *
- Insurance Documents (if applicable).
- DPIA Screening Tool *
- DPIA (if required).
- **16 hard copies** (in complete packs) together with **one e-copy** should be forwarded to Ms. Nicola Moloney at the postal address above and at nicola.moloney@hse.ie. *

All applications should **be typed, signed and dated** by the **principal investigator

*** REQUIRED.**

****PLEASE NOTE FOR A STUDY TO BE COVERED UNDER THE CLINICAL INDEMNITY SCHEME, THE PRINCIPAL INVESTIGATOR MUST BE AN EMPLOYEE OF A DELEGATED STATE AUTHORITY (DSA) (I.E – A HSE HOSPITAL/INSTITUTION). STUDIES WHERE THE DSA EMPLOYEE IS ONLY LISTED AS A CO-INVESTIGATOR, WILL NOT BE COVERED UNDER THE CLINICAL INDEMNITY SCHEME.**

COMMITTEE REMIT:

Reviews applications to conduct research in:

- a. University Hospital Limerick.
- b. University Maternity Hospital Limerick.
- c. Croom Hospital.
- d. Ennis Hospital.
- e. Nenagh Hospital.
- f. St. John's Hospital (28/03/2019)
- g. CHO3.

SECTIONS OF COMMON FORM TO BE COMPLETED:

Complete all Sections

LOCAL RESTRICTIONS (IF ANY):

None

FEES:

N/A

APPLICATIONS WHICH DO NOT FULFILL THE ABOVE LOCAL REQUIREMENTS WILL BE DEEMED INVALID AND RETURNED TO YOU FOR RE-SUBMISSION.