

ETHICS COMMITTEE CHECKLIST

COMMITTEE CONTACT DETAILS:

Name of Committee: **National Rehabilitation Hospital, Ethics Committee**
Contact Person: **Ms. Sarah Kearney**
Position: **Academic Administrator / Ethics Committee Secretary**
Address: **National Rehabilitation Hospital, Rochestown Avenue,
Dun Laoghaire, Co Dublin**
Tel: **01 235 5132**
E-Mail: **sarah.kearney@nrh.ie**
Website: **<http://www.nrh.ie>**

COMMITTEE REMIT:

Reviews applications to conduct research in:

1. **National Rehabilitation Hospital**

LOCAL REQUIREMENTS:

The Principal Investigator of the study must be an employee of the National Rehabilitation Hospital and must be a Consultant.

DOCUMENTS REQUIRED:

The following documents should be submitted **BOTH** by email and by hard copy.

| Documents Required: | Number of Copies Required: | Document Version / Date |
|--|----------------------------|---|
| Ethics Committee Checklist | 1 | |
| Standard Application Form | 1 | (RECSAF 5.6– ADAPTED VERSION –31.8.18 – © RCSI / Beaumont Hospital) |
| Declaration and Signatory Page | 1 | |
| CV of Principal Investigator (max 2 pages) | 1 | |
| CV of Co-Investigator/s (max 2 pages) | 1 | |
| Informed consent form to be used in the study | 1 | |
| Copy of professional liability insurance (persons not covered by CIS) | 1 | Ref: J2 of Standard Application Form |
| Copy of additional Indemnity Cover where applicable | 1 | Ref: J3.3 of Standard Application Form |
| Copy of the letters of approval from the Hospital Medical Board and the Hospital Operational Management Committee. | 1 | |
| A cover letter including the name, address, phone, email addresses of the principal investigator and of the co-investigator/s. | 1 | |

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| Research proposal / study summary / protocol / clinical investigational plan (max. 2 pages) | 1 | |
| If applicable: | | |
| Assent form to be used in the study | 1 | |
| Information Leaflets to be used in the study | 1 | |
| Letter from the Head of Department supporting the research | 1 | |
| If the focus of the study is to investigate /evaluate medical device enclose relevant CE mark certificate | 1 | Ref: H2 of Standard Application Form |