Local Committee Checklist:

committee contact details:

Name of Committee: Sligo University Hospital Research Ethics Committee

Contact Person: Aileen Concannon

Position: Administrator

Address: Level 6, Sligo University Hospital, The Mall, Sligo

Tel: 071 98 20214

E-Mail: [aileen.concannon@hse.ie](mailto:aileen.concannon@hse.ie)

Website (if any): [www.ref-sligo.ie](http://www.ref-sligo.ie)

committee remit:

Reviews applications to conduct research in:

1. Sligo University Hospital
2. Our Lady’s Hospital Manorhamilton
3. Community based studies in the Sligo University Hospital catchment area

sections of common form to be completed:

Complete all Sections with the Exception of Sections: to be decided

Local requirements (if any):

* All applications should be typed and signed and dated by the principal investigator with this copy sent by post.
* One copy of complete applications should be sent to the administrator by email
* For research studies undertaken as part of an academic qualification, the academic supervisor must sign the REC application form
* The REC may invite the PI to attend a REC meeting
* For studies undertaken at Sligo University Hospital by researchers not employed at Sligo University Hospital, a person employed at SUH must be nominated as a local contact person for the study.

Local restrictions (if any):

None

fees:

Application fee of €600 for **industry sponsored studies** that fall outside the remit of SI190 (reduced fee of €150 for studies that have already been approved by another recognised REC)

documents required (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| **Documents Required:** | **Number of Copies Required:** | **Yes / No / N/A** | **Document Version / Date** |
| Common Application Form | 1 e copy |  |  |
| Local Declaration and Signatory Page | 1 e copy |  |  |
| Research Proposal / Study Summary / Protocol / Clinical Investigational Plan (If applicable) | 1 e copy |  |  |
| Patient Information Leaflet(s) | 1 e copy |  |  |
| Informed Consent Form(s) | 1 e copy |  |  |
| Questionnaire(s) | 1 e copy |  |  |
| Interview Guide(s) | 1 e copy |  |  |
| Invitation Letter(s) | 1 e copy |  |  |
| Advertisement(s) | 1 e copy |  |  |
| Letters to Hospital/Nursing/Allied Health Professional Management | 1 e copy |  |  |
| GP information letter | 1 e copy |  |  |
| CV of Principal Investigator(s) signed and dated | 1 e copy |  |  |
| Any other relevant documents | 1 e copy |  |  |