***[delete dots points that are not relevant and update [red] before submitting]***

Dear Research Governance Office

**Project ID**: 12345

**Project Title**: Example cover letter to accompany Site Specific Assessment (SSA) application

We would like to submit to the above study for research governance review. Please note the following **[delete the dot points that are not applicable]**:

* The reviewing HREC is **[state the HREC]**.
* This is parallel submission and ethics has been submitted to the Metro North A/Metro North B HREC on **[Date]**.
* This is a Metro North only study, no agreement is required.
* Metro North is leading this collaborative project, assistance with drafting the agreement is request. The Chief/Coordinating Principal Investigator is **[state name of CPI].**
* This project is being led by **[state the institution],** the Chief/Coordinating Principal Investigator is **[state name of CPI]** and the led MNH investigator is **[state name of PI].**
* I am a Metro North employee however this project will contribute to my research higher degree with **[University]**. The University has drafted the agreement and is uploaded with this SSA application. The contract manager that drafted the agreement is **[Name/Email of University Contract Manager]**. I have completed and my line manager has signed the Conflict-of-Interest form as per MNH policy.
* The agreement is being discussed with our collaborators and will be provided to your office shortly or the draft agreement submitted with this application has been reviewed by **[state who has reviewed e.g. investigators/Contracts Manager/Research Partnership Manager]**.
* Supporting Head of Department approval has been escalated for signing and will be provided as soon as possible.
* The study will be across multiple Metro North sites, **[Hospital]** is the lead site.
* This SSA is for STARS and TPCH only; Redcliffe will be added as a site as a Post Authorisation Notification at a later date.
* The HREC granted a waiver of consent for this study. The lawful permission for the disclosure of data is Section 150 of the Hospital and Health Services Board Act and the data custodian approval is provided **[OR]** Public Health Act approval and the PHA Grant approval letter is provided.
* The fee template has been completed and signed. **[Delete for MN led/sponsored studies]**

All pending documentation will be uploaded to ERM as soon as possible.

The following documents have been submitted for review **list all relevant documents, version number and date. If this is a MNH HREC Approved project, you do not need to upload the HREC approved documents only the site-specific documents; however, list the documents in the table below. This is important if the project has had numerous amendments prior to research governance approval. Delete what is not applicable and/or add additional documents as required.**

|  |  |  |
| --- | --- | --- |
| ***Document*** | ***Version*** | ***Date*** |
| Cover letter |  |  |
| Fee template signed  |  |  |
| **HREC Documents**  |  |  |
| HREA |  |  |
| HREC Approval letter  |  |  |
| Protocol |  |  |
| Data Management Plan |  |  |
| Master Participant Information and Consent form  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Site Specific Documents**  |  |  |
| MNH Participant Information and Consent form  |  |  |
| Public health Act Grant Approval or Data Custodian Approval *(required if HREC has granted a waiver of consent)*  |  |  |
| Budget (and budget approval) |  |  |
| Head of Department Approval  |  |  |
| Supporting Head of Department approval |  |  |
| Evidence of funding for the study  |  |  |
| Quotes for services  |  |  |
| Conflict of Interest form |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Kind regards