

Hunter New England Local Health District Clinical Case Report Application Form

Please note:

- Consent must be obtained from participants using the HNE Clinical Case Report Consent Form
 Template. If you wish to apply for a waiver of consent, you will need to submit a full application
 in REGIS according to the higher risk pathway.
- The Hunter New England Human Research Ethics Committee (HNE HREC) Executive is only authorised to provide ethical review and approval of Clinical Case Reports involving patients receiving treatment at HNE sites.
- Please submit this form when completed with signed approvals via email to <u>HNELHD-ResearchOffice@health.nsw.gov.au</u>

Please complete the following details:

,		
Title		
Author/s		
Department & Site		
Contact Person		
Contact Email Address		
Contact Phone Number		
Brief Description of the case		
report		
Number of cases		
Please select <u>all</u> options	Medical Record Review	
applicable to your case report	Imaging	
Toport	Photography	
	Other, please specify	



I declare that:

- I have attached the signed consent from the clinical case(s).
- The information contained within this application is true and accurate.
- The Hunter New England's Human Research Ethics Committee will be informed of any variations to the information provided above prior to undertaking those variations.
- There are no actual or potential conflicts of interest.
- No identifiable data will be included in any presentations or publications.
- All related data:
 - Only be used for the purpose as outlined in this form.
 - o Be stored in a secure location at a HNELHD site.
 - o If identifiable, not to be taken off site in any format.
 - o Be promptly and securely destroyed five years after publication.

	Name, signature, date
Applicant	
Primary Treating Physician	
Head of Department	
Research Office Use Only	
Reference number:	
Authorised by	
Manager, Research Ethi Hunter New England Lo	
Signature, date	