

RESEARCH GOVERNANCE APPLICATION FORM

Full name and title of Principle Investigator:		
Details of Principle Investigator(s):	Name: <i>(including title)</i>	
	Position:	
	Affiliation with the Skin Hospital	
	Qualification (relevant to the project role)	
	Email:	
	Telephone:	
Details of research team (sub-investigator etc):	Name:	
	Name:	
	Name:	
	Name:	
	Name:	
Title of proposed project: <i>(do not exceed 75 characters excluding spaces)</i>		
Intended location of the research will be undertaken:	Location:	
	Dept:	
Will the research require involvement from any external institutions?	External institution involvement	
	Institution:	
	Dept:	
	Postal Address:	
Indicate whether this project requires clearance from any of these committees:	Human Ethics Y/N	
	Animal Ethics Y/N	
	Biosafety Y/N	
Total cost of the project requested from The Skin Hospital (TSH)		

Research Proposal Details

1. **Background and reason for the study (rationale)**

2. **Hypothesis**

3. **Objectives**

4. **Methods**

- **Design**

- **Site**

- **Population**

- **Intervention**

- **Main variables** (maximum two A4 pages)

- **Confounding Variables**

Population

- **Inclusion criteria**

- **Exclusion criteria**

- **Sampling of the population (random/non random)**

- **Bias**

5. Procedures

- **How to include subjects**

- **Follow-up of subjects**

- **Measurements and error of measurements**

- **Laboratory tests**

- **Data collection (please specify how patient privacy will be protected)**

- **Data analysis**

- **Data storage (All TSH data must be stored on TSH research drive. Hard copied must be stored at TSH premises)**

6. Sample size

7. Ethics

- **Ethical issues**

- **Informed consent (please attach a copy of informed consent form to be used)**

- **Ethics approval (please provide ethics approval evidence or ethics waiver obtained from an ethics office; if ethics application is pending submission or review, please provide the status of the application and details about the Ethics Committee reviewing this application)**

8. TGA approval

- **Indemnity provisions**

- **Intellectual property (please outline the intellectual property rights for IP arising from this research)**

9. Logistics

- **Projected timeline for project (data collection; data analysis, manuscript publication)**

- **Resources requested from TSH (personnel, equipment, data storage)**

- **Budget (please provide itemized cost breakdown requested from TSH)**

10. References

11. Acknowledgment to TSH (Please specify how TSH will be acknowledged in posters/presentations/publications resulting from this study)