#

# Form RE3(D)

# Decision On Departmental Application For Research Ethics Approval

June 2017

**School / Centre of**

*The Departmental Research Ethics Committee/Officer* *and a member of the Research Ethics Committee\* has / have\** considered the application for research ethics approval for the following research:

*\* Delete as applicable*

Project title:

Name & School/Centre of Principal Investigator:

Name of supervisor (if student)

*Please tick appropriate box:*

[ ]  1. The Departmental Research Ethics Officer / Committee gives ethics approval for the research project.

***Please note that research protocol laid down in the application and hereby approved must not be changed without the approval of the Departmental Research Ethics Officer / Committee.***

[ ]  2. The Departmental Research Ethics Officer / Committee gives ethical approval for the research project subject to the following:

[ ]  3. The Departmental Research Ethics Officer / Committee cannot give ethics approval for the research project. The reasons for this and the action required are as follows:

[ ]  4. The research will also require approval from:

 [ ]  NHS REC

 [ ]  Another external Research Ethics Committee

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_