local committee checklist:

committee contact details:

Name of Committee: Beaumont Hospital Ethics (Medical Research) Committee

Contact Person: Administrator

Address: Beaumont Hospital, Dublin 9

Tel: 00 353 1 809 2680

E-Mail: [beaumontethics@rcsi.ie](mailto:beaumontethics@rcsi.ie)

Website (if any): www.beaumontethics.ie

committee remit:

Reviews applications to conduct research in:

1. Beaumont Hospital, Dublin 9
2. St. Joseph’s Hospital, Raheny, Dublin 5 [part of Beaumont Hospital]
3. Beaumont Hospital Private Clinic, Dublin 9
4. Royal College of Surgeons Clinical Research Centre, Beaumont Hospital, Dublin 9 [part of Royal College of Surgeons in Ireland]
5. Dublin North Mental Health Services

Local requirements (if any):

For research involving Beaumont Hospital patients at least one Beaumont Hospital consultant must be named as co-investigator (or lead co-investigator in case of multi-site studies) on the Application Form.

For research involving Dublin North Mental Health Services patients at least one Dublin North Mental Health Services consultant must be named as co-investigator (or lead co-investigator in case of multi-site studies) on the Application Form.

* The Principal Investigator must sign the Signatory Page
* The Academic Supervisor (where applicable) must sign the Signatory Page
* For multi-site studies, the Lead Co-Investigator at the Beaumont Hospital / Dublin North Mental Health Service site must provide proof of support of this application
* All Co-Investigators listed in response to Question A3 of the application form must provide proof of support of this application

APPLICATIONS WHICH DO NOT FULFILL THE ABOVE LOCAL REQUIREMENTS WILL BE DEEMED INVALID.

Local restrictions (if any):

1 electronic copy (all documents) to be submitted via email by midnight on the date of the submission deadline to [beaumontethics@rcsi.ie](mailto:beaumontethics@rcsi.ie)

* Please make special efforts to keep the file size of each individual document as small as possible.
* Please ensure that to submit a cover letter listing each document being submitted review, including version number of each document. This cover letter should be submitted as a *Microsoft Word Document.*

1 paper copy (all documents) to be submitted via internal / external post or courier, or via hand-delivery to Main Hospital Reception Desk by midnight on day of the submission deadline to Ethics (Medical Research) Committee, Beaumont Hospital, Dublin 9, Ireland.

fees:

See <http://www.beaumontethics.ie/application/fees.htm>

An invoice, where applicable, will issue upon receipt of the application for ethical review.

documents required:

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| --- | --- | --- | --- |
| **Documents Required:** | **Number of Paper Copies**  **Required** | **Yes / No / N/A** | **Document Version / Date** |
| Cover Letter (listing all documents for review, including Version number) | 1 |  |  |
| Signatory Page | 1 |  |  |
| 2 page CV of Principal Investigator, signed and dated (for file) | 1 |  |  |
| 2 page CV of Beaumont Hospital / HSE Dublin North Lead Co-investigator, signed and dated (for file) [Multi-site studies only] | 1 |  |  |
| Standard Application Form (RECSAF Version **5.6**)  **- Refer to the Guidance Manual when completing the Application Form** | 1 |  |  |
| Research Proposal / Study Summary / Protocol / Clinical Investigational Plan | 1 |  |  |
| Information Leaflet(s)  - **Refer to the Templates on the Committee Website when designing Information Leaflets** | 1 |  |  |
| Consent Form(s)  - **Refer to the Templates on the Committee Website when designing Consent Forms** | 1 |  |  |
| Recruitment Material | 1 |  |  |
| Questionnaire / Interview Prompts | 1 |  |  |
| Letter to Family Doctor as per your response to Question D9 | 1 |  |  |
| Draft Agreement / Contract (where applicable) | 1 |  |  |
|  |  |  |  |
| Other | 1 |  |  |
| Other | 1 |  |  |
| Other | 1 |  |  |
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| Fee | Invoice to follow |  |  |
| additional documents: insurance / indemnity (SECTION J) | | | |
| **Documents Required:** | **Number of Paper Copies Required:** | **Yes / No / N/A** | **Document Version / Date** |
| Evidence of appropriate Insurance / Indemnity for each site as per J1 (for file) | 1 |  |  |
| Evidence of appropriate insurance / indemnity for each investigator as per J2 (for file) | 1 |  |  |
| Evidence of appropriate insurance / indemnity for the legally responsible individual / organisation as per J3.1 (where applicable)(for file) | 1 |  |  |
| Evidence of additional insurance / indemnity arrangements as per J3.3 (where applicable) (for file) | 1 |  |  |
| Draft Standard Clinical Trial Indemnity Form (for Beaumont Hospital) as per J3.3 (where applicable) (for file) | 1 |  |  |
| Draft Standard Clinical Trial Indemnity Form (for RCSI) as per J3.3 (where applicable)(for file)[Studies taking place in the RCSI Clinical Research Centre only] | 1 |  |  |
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