



Health Research Ethics Committee (HREC)

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PROJECT TITLE	
TYPE OF HREC SUBMISSION (Please select only one)	
☐ New protocol application	☐ New case report/series application
☐ New database/biobank application	☐ New exemption application
SIGNATURE	
Applicant	Head of Division/Department
..... Print name	 Print name
..... Signature	 Signature
..... Date	 Date