

Health Research Ethics Committee (HREC)

HEAD OF DIVISION/DEPARTMENT SIGNATURE PAGE

PROJECT TITLE	
TYPE OF HREC SUBMISSION (Please select only one)	
☐ New Protocol Application ☐ New Database/Biobank application ☐ New Reciprocal Review Application	☐ New Case Report/Series Application ☐ New Exemption Application
SIGNATURE	
Applicant	Head of Division/Department
..... Print name Signature Date	 Print name Signature Date