Date

Research Governance Officer

Level 7 Building 2

William McCormack Place

5b Sheridan Street, Cairns QLD 4870

Dear RGO,

**HREC Reference:** (*insert HREC reference number*)

**CHHHS SSA Review Reference:** (*insert SSA Review reference number*)

**Site Principal Investigator:** (*insert Principal Investigator’s Name*)

Include a brief overview of the amendment/submission here.

The site in the CHHHS is (insert site name).

The updated documents listed below, and this cover letter have been uploaded into ERM for the above referenced study for review and provided in hard copy.

Please find enclosed: *(Please remove any documents not relevant to the submission and delete the yellow & aqua highlighted template instructions.)*

*Please update the document list to match the documents you are providing as part of the Post Authorisation Notification (PAN) submission.*

|  | **Document Name** | **Version** | **Date** |
| --- | --- | --- | --- |
|  | Post Authorisation Notification Form *(Mandatory)* | Sep v1 |  |
|  | HREC Approval/Acknowledgement letter or email *(Mandatory)* |  |  |
|  | **Protocol** *(if relevant)* | | |
|  | Protocol - Clean |  |  |
|  | Protocol – track changes |  |  |
|  | **Participant Information Sheet and consent Form (PISCF)** *(if relevant)*  *(Multi-site projects may require site specific PICFs)* | | |
|  | **Master** Participant Information Sheet and Consent form - Phase I |  |  |
|  | **Master** Participant information Sheet and Consent form - Phase Il |  |  |
|  | Cairns Hospital PICF Phase I PISCF - tracked |  |  |
|  | Cairns Hospital PICF Phase I PISCF - clean |  |  |
|  | Cairns Hospital PICF Phase Il PISCF - tracked |  |  |
|  | Cairns Hospital PICF Phase Il PISCF - clean |  |  |
|  | **Additional amended study documents** *(you may have different study documents)* | | |
|  | Flyer/Poster |  |  |
|  | QR Code |  |  |
|  | Questionnaire / Survey |  |  |
|  | Interview guide |  |  |
|  | **Progress/Final Reports** *(you may have different study documents)* |  |  |
|  | Progress report (reporting period xx/xx/xx – xx/xx/xx | N/A |  |

If you have any queries, please contact insert contact person’s name here*.*

Yours faithfully,

Insert name

Insert position

On behalf of PI *Dr Smith, Cairns Hospital*

Include contact details.