# Screening for ultra-low and low risk Locality Authorisation for the CDHB

|  |  |
| --- | --- |
| Project title |  |
| Short name or internal name |  |
| CDHB PI |  |
| CDHB PI contact details |  |
| Researcher/study coordinator |  |
| Contact details |  |
| Institution |  |
| Expected project start date |  |
| Expected project finish date |  |

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| --- |
| Ultra low risk project screening |
| Is this request for recruitment advertising only? [ ] Yes [ ] No |
| Is this request for a venue for a focus group/interview? [ ] Yes [ ] No |

## **If you have checked either of the boxes above, then you have successfully met the criteria for an ultra low risk project.**

Please download and submit this form to the Research Office cdhb.researchoffice@otago.ac.nz. They will send you the appropriate Locality form to complete.

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| Low risk project screening |
| [ ]  You are not accessing CDHB patient information to contact a patient  |
| [ ]  This is **not** a clinical trial  |
| [ ]  The principle investigator has a CDHB clinical role  |
| [ ]  This project only requires access to data |
| [ ]  Research does not involve mental health services or will not require breaking the privacy seal in the electronic medical record. |
| [ ]  Access to data is retrospective only or prior consent has been given |
| [ ]  CDHB Staff time is in their CME or approved by their line manager (or equivalent) |
| [ ]  There is no financial contracting to enter into with the CDHB |

## **If you have checked ALL of the boxes above, then you have successfully met the criteria for a low risk project.**

Please download and submit this form to the Research Office cdhb.researchoffice@otago.ac.nz. They will send you the appropriate Locality form to complete.

## **If you do not meet the criteria for an ultra or low risk project, then please return to the Research Office website and complete the full registration form.**