

Complete this form if you are transferring your project to UniSA from an external institution.

*IMPORTANT: Please note that although you may already have ethics clearances from your previous Institution, a NEW approval from UniSA must be sought for each project.*

**SECTION 1: RESEARCHER / PROJECT DETAILS**

Title:		Surname:		First Name(s):	
Institute/Centre/Division:				School:	

**FORMER INSTITUTION DETAILS** (*Transferring from*)

Name of previous Institution:	
-------------------------------	--

**DETAILS OF PROJECT**

Project Title:	
----------------	--

**SECTION 2: ETHICS CLEARANCE**

Does your research involve the use of **Animal Products** (such as bone material, organ samples, skin, fur etc)?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received Animal Ethics approval for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

Does your research involve the use of **Animals**?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received Animal Ethics approval for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

Does your research involve the use of **Biological Material** (any product derived from plant or animals)?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received approval from the <i>Institutional Biosafety Committee (IBC)</i> or from the <i>Office of the Gene Technology Regulator (OGTR)</i> for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

Does your research involve the use of **Chemicals**?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received Chemical Hazard approval for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

Does your research involve the use of **Embryos**?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received approval from the <i>Institutional Biosafety Committee (IBC)</i> or from the <i>Office of the Gene Technology Regulator (OGTR)</i> for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

Does your research involve the use of **Genetically Modified Organisms?** (including those listed as *exempt dealing*)?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received approval from the <i>Institutional Biosafety Committee (IBC)</i> or from the <i>Office of the Gene Technology Regulator (OGTR)</i> for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

Does your research involve the use of **Human Participants or Data** (including clinical drug trials)?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received approval from an accredited Human Research Ethics Committee (HREC) for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

Does your research involve the use of **Human Tissue?**

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received approval from an accredited Human Research Ethics Committee (HREC) for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

Does your research involve the use of **Radiation or Radioactive Substance** (ionising or non-ionising)?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes - have you received approval from the <i>Radiation Safety Committee</i> or equivalent for this activity?	<input type="checkbox"/>	No
		<input type="checkbox"/>	Yes

**SECTION 3: CERTIFICATION**

<i>Researcher's Signature</i>	<i>Printed Name</i>	<i>Date</i>
<i>Supervisor's Signature (if applicable)</i>	<i>Printed Name</i>	<i>Date</i>