**Application for endorsement of a Case Report or Series**

## Reporting individual or a series of cases is an important mechanism by which to inform peers of novel or noteworthy clinical phenomena, suggest directions for future research and provide an opportunity for early career medical staff to participate in academia.

## To lodge your application to have your case report endorsed, complete the below form, and submit to the HREC Office via email, SCGH.HREC@health.wa.gov.au

## Once submitted, your application will be reviewed within five working days. In the event further information is required you will be contacted via email.

## Further information on case reporting is available at the SCGOPHCG Department of Research website; [Sir Charles Gairdner Hospital - Human Research Ethics Committee (HREC) (health.wa.gov.au)](https://www.scgh.health.wa.gov.au/Research/Department-of-Research/My-Project/HREC)

## Or by contacting the HREC OfficeEmail: scgh.hrec@health.wa.gov.auPhone: 08 6457 6882

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| --- | --- |
| **Title (Ms, Mrs, Mr, Mx, Prof, Dr etc.)***\* must provide value* |  |
| **First name***\* must provide value* |  |
| **Last Name***\* must provide value* |  |
| **HE Number** |  |
| **Email Address***\* must provide value* |  |
| **Best contact number***\* must provide value* |  |
| **Department** |  |
| **Institution***\* must provide value* |  |
| **Title of case report/series***\* must provide value* |  |
| **Draft manuscript** *\* If available* | *\*Attach to email when submitting.* |
| **Summary of case report** *This field may be left blank if a draft manuscript has been provided* |  |
| **Have all the subject/s of this report provided consent to have their case published?***\* must provide value* | * Yes
* No

*If consent has been provided by some, but not all cases, please select 'No'* |
| **Will this report include publication of identifiable data?***\* must provide value* | * Yes
* No
 |
| **Do you have approval from an appropriate authority for access to the data and publication of the report?** *(Head of department, co-director, or other relevant authority)\* must provide value* | * Yes
* No
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