Notification for the Research Ethics Council of the Faroe Islands

All information provided in this form is considered in the public domain

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| *For the attention of:*  *Gunnhild Helmsdal*  *Chair*  *Heilsumálaráðið, FO-100 Tórshavn*  Tel: (+298) 263010  E-mail: vsn@vsn.fo | | | |
| **Title of research project** (max. 50 characters)**:** | | | |
| **Purpose of the research project:** | | | |
| **Lead researcher** (for multi-site research: project coordinator)**:** | | | |
| **Responsible clinician:** | | | |
| Other members of the research group: | | | |
| **Contact person** (name, address, tel. number, e-mail)**:** | | | |
| **Site of research:** | | | |
| **Planned trial period:**  A: inclusion of trial subjects  from to | | **This trial is intended to include:**  \_\_\_\_ patients  \_\_\_\_ healthy subjects | |
| B: approximate date when the last trial subject is expected to leave the project: | |
| **Financial support:**  ❑ yes ❑ no (if yes, information must be included in the trial protocol, in the lay person’s summary, and in the written information for participants) | | | |
| **The following have been annexed:**  ❑ Trial protocol  ❑ Written information for participants with declaration of informed consent  ❑ Lay person’s summary of the project  ❑ Copy of notification sent to the Faroese pharmaceutical authority - Landsapotekarin (only medicinal product trials)   * Copy of notification sent to the Genetic Biobank of the Faroe Islands * Copy of any questionnaires   ❑ Copy of notification sent to Sundhedsstyrelsen, Strålebeskyttelse (SIS) in Denmark (only trials using radiation) | | | |
| Date | **Signature (lead researcher)** | | **Signature (clinician responsible)** |
| *Comments* | | | |