



New request reference number:
Revised request reference number:
Date of receipt:

For CER use only

CER assessment and information request form

Research title:	
Short title / Acronym:	
Proposed starting date:	Proposed ending date:

Type of request:
Request for ethical support in relation to a research question
Request for information
Request for assessment of an original research project
Revised request for assessment
Initial request reference number:

Please complete only relevant sections.

Requests for information or support: see especially section G where you can enter your questions.

Place, date:
Signature of the principal investigator:
Signature of the supervisor if the principal investigator is a student:

For CER use only	
1) Thorough assessment	<input type="checkbox"/>
2) Simplified assessment	<input type="checkbox"/>
3) CER president's assessment	<input type="checkbox"/>
Decision:	
<input type="checkbox"/> Proposal to refer to the CER-VD	
<input type="checkbox"/> Unconditional positive assessment	
<input type="checkbox"/> Positive assessment with proposed modifications	
<input type="checkbox"/> Provisional positive assessment with requests for modifications	
<input type="checkbox"/> Request for additional information	
<input type="checkbox"/> Negative assessment	
Date: _____	
4) Information / support to be provided by	
- CER Secretariat	<input type="checkbox"/>
- CER president	<input type="checkbox"/>
- CER	<input type="checkbox"/>

A: GENERAL ISSUES AND DOCUMENTATIONS

- 1) For which reason(s) do you request an assessment of your research by the CER?
- | | | |
|---|-----|----|
| a. I am planning a request for funding | YES | NO |
| b. I am planning a publication of research findings | YES | NO |
| For other reasons | YES | NO |
| If so, please specify (500 words max.): | | |
-
- 2) The proposed research involves
- | | | |
|---|-----|----|
| a. An impact on the participants' health | YES | NO |
| b. An impact on the participants' behaviour and/or environment | YES | NO |
| c. The participation of vulnerable individuals and/or populations | YES | NO |
| d. The use of personal data on the participants' health | YES | NO |
| e. The use of human biological material | YES | NO |
| The use of sensitive data not related to health | YES | NO |
| If so, please specify (500 words max.): | | |
| | | |
| g. The use of animals | YES | NO |
| Other | YES | NO |
| If so, please specify (500 words max.): | | |
-
- 3) The proposed research involves risks
- | | | | |
|---|-----|--------|------|
| | YES | NO | |
| If so, describe the level of risk: | | | |
| a. Damage to health | low | medium | high |
| b. Violation of human dignity | low | medium | high |
| c. Linked to the use of personal data | low | medium | high |
| d. Other | low | medium | high |
| If so, please specify (500 words max.): | | | |



- 4) Describe the ethical issues that the research could involve and explain how you plan to deal with them. These issues can, for example, be relative to the participants' informed consent, to data confidentiality and anonymization, to the protection of vulnerable populations, to the protection against damage, to participants' rights to withdraw from the study, to the storage of sensitive data, etc.

- 5) Have you requested ethical clearance from another REC? YES NO
If so, was the assessment:
Positive
Conditional
Negative



CHECKLIST

Documents attached to the application form	Attached	Not relevant
Section A: General issues and documentations		
Previous assessment of a REC (Swiss or abroad)	<input type="checkbox"/>	<input type="checkbox"/>
Section B: Personal data		
CV and publication list of principal investigator	<input type="checkbox"/>	<input type="checkbox"/>
CV and publication list of co-investigator(s)	<input type="checkbox"/>	<input type="checkbox"/>
Section C: Description of the study		
Scientific part of research project if submitted to SNSF or another funding agency	<input type="checkbox"/>	<input type="checkbox"/>
Questionnaire(s) / Psychological test(s) / Interview guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Documentation relative to internal and/or external collaborations (e.g., contracts, agreements on data protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Section F: Recruitment and consent forms		
Recruitment documentation (flyers, posters, e-mails, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Information sheet(s)	<input type="checkbox"/>	<input type="checkbox"/>
Consent form(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)		
	<input type="checkbox"/>	<input type="checkbox"/>



B: PERSONAL DATA

1) Principal investigator (enclose a full CV)

Title:
Last name:
First name:
Position held:
Institute / department:
Professional address:
Phone number:
E-mail address:

ADD A CO-INVESTIGATOR

Co-investigator (enclose a full CV)
Affiliated with UniNE? YES NO If no, specify your affiliation:
Title:
Last name:
First name:
Position held:
Institute / department:
Professional address:
Phone number:
E-mail address:

2) Scientific collaborator

Affiliated with UniNE? YES NO If no, specify your affiliation:
Title:
Last name:
First name:
Position held:
Institute / department:
Professional address:
Phone number:
E-mail address:

ADD A SCIENTIFIC COLLABORATOR

Affiliated with UniNE? YES NO If no, specify your affiliation:
Title:
Last name:
First name:
Position held:
Institute / department:
Professional address:
Phone number:
E-mail address:



External partner

Affiliation:
Title:
Last name:
First name:
Position held:
Institute / department:
Professional address:
Phone number:
E-mail address:

ADD EXTERNAL PARTNER

Affiliation: _____
Title: _____
Last name: _____
First name: _____
Position held: _____
Institute / department: _____
Professional address: _____
Phone number: _____
E-mail address: _____

4) Funding source

Name of funding agency:
Funding request: sent in preparation
Requested amount: _____ CHF
Reply: pending acceptance rejection
In case of a rejection, please specify for which reason(s) (500 words max.):

ADD A FUNDING SOURCE

Name of funding agency: _____
Funding request: sent in preparation
Requested amount: _____ CHF
Reply: pending acceptance rejection
In case of a rejection, please specify for which reason(s) (500 words max.):

C: DESCRIPTION OF THE STUDY

- 1) Project summary (500 words max.)

- 2) Description of the study: please describe the research protocol, intended fieldwork, methodology for data collection and/or intended analytical procedures. Give details of any samples or measurements to be taken.

Attach any questionnaires, psychological tests, interview guidelines, scientific part of the project if submitted to SNSF, etc.

- 3) Have collaborating institutions and departments whose resources will be used within the study been informed and agreed to participate?
YES NO
Comments (500 words max.):

Attach all relevant documentation.

- 4) How and to whom is it intended to disseminate the results?
(several answers are possible)
Publications in peer reviewed journals
Open Access reports
Presentations at international or national conferences
Presentations to and/or publications for professional organizations
Presentations to and/or publications for policy makers
Presentations to and/or publications for the study participants
Presentations to and/or publications for any interested parties
Website (URL:)
Other (specify):)



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5) Are there any restrictions by, for example, data providers on the dissemination of the study findings?

YES NO

If so, please describe the nature of the restrictions.



D: DATA PROTECTION

- 1) What measures are taken to be compliant with the [Federal Act on Data Protection](#)?
Specify (500 words max.):

- 2) Where will the data collection take place?

In Switzerland	YES	NO
In the European Union	YES	NO
Please specify in which countries:		
Elsewhere	YES	NO
Please specify in which countries:		

- 3) Where will the data be stored and processed?

In Switzerland	YES	NO
In the European Union	YES	NO
Please specify in which countries:		
Elsewhere	YES	NO
Please specify in which countries:		

- 4) If data held by a third party will be used, please explain how you will get access to these data
(500 words max.)

Can you confirm that the data obtained from a third party have been collected in accordance with the [Federal Act on Data Protection](#)? YES NO

Comments:



E: DESCRIPTION OF STUDY PARTICIPANTS

- 1) Will UniNE students be involved as participants in the study? YES NO
- 2) Number of participants:
Participants' lower age limit during data collection:
Participants' upper age limit during data collection:
Please justify the sample size and age range:
- 3) Will the study include children or vulnerable adults (e.g., individuals with learning difficulties, mental health problems, illegal statuses, etc.) YES NO
If so, please specify what type of population will be involved and why (500 words max.)
- 4) Detail how you will ensure that the participants are able to give informed consent.
- Will you get the parents' and/or legal representatives' consent? YES NO
If so, in what form?
- 5) Which criteria are used for including and excluding participants to the study?
Inclusion criteria:
Exclusion criteria:
Not applicable
- 6) Does the study involve partial disclosure or deception? YES NO
If so, explain why and specify how you will ensure to get the participants' informed consent once data collection is completed.



F: RECRUITMENT AND CONSENT FORMS

- 1) Attach a copy of any flyers, posters, e-mails, etc. that will be used to recruit participants.
If no written/electronic support will be used, please explain how you will proceed:

- 2) Attach a copy of the information sheet given to participants. For studies involving partial disclosure or deception, please attach information given both at the beginning and at the end of the study.
If no information sheet is to be given to participants, please explain why:

- 3) Will you obtain written consent for participation to the study? YES NO
If so, please attach a copy of the consent form. For studies involving partial disclosure or deception, please attach consent forms provided both at the beginning and at the end of the study.
If no, please explain why.

- 4) Will you reward the participants for their participation? YES NO
If so, please specify (payment amount, payment source, source and nature of gift, etc.).



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G. QUESTIONS

Please write down here any questions you would like to address to the CER.