**Request for ARECCI Second Opinion Review**

**Date of submission:**

**Project title:**

**Project lead:**

**Email:**

**Phone:**

**Organization/Department:**

**Type of project:**  **Quality Improvement**  **Program Evaluation**

**Needs Assessment**  **Other:**

**Purpose of project (brief description):**

**Areas of ethical concern in the project:**

*Second Opinion Reviews are usually completed within two weeks*

*after receiving all applicable information and documentation.*

**Attachments**

|  |  |
| --- | --- |
| Completed ARECCI Ethics Screening Tool (**Required**)  Completed ARECCI Ethics Guidelines Tool (**Required**)  Consent forms and scripts (if applicable) | Data collection tool(s) (if applicable)  Project charter or proposal (if applicable)  Additional material to support the review |

*Please print / save a copy of this form for your records. Submit this form (along with attachments) to* [*ARECCI.Health@albertainnovates.ca*](mailto:ARECCI.Health@albertainnovates.ca)*.*

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