

PLEASE DOWNLOAD AND OPEN WITH ADOBE TO COMPLETE FORM

For Office Use Only: EHSREC No:

UNIVERSITY OF LIMERICK RESEARCH ETHICS COMMITTEE

RISK ASSESSMENT FORM – PROCEDURES INVOLVING HUMAN SUBJECTS

Procedure No

Title of Procedure

Name of Assessor(s) Assessment Date

Does this procedure already have ethical approval? (Type as appropriate)

If **YES**, enter ethical number and expiry date

Approval No:
Expiry Date:

1 Please provide a brief description of the procedure

2 Location in which the procedure may take place

e.g. Teaching Lab (Room No:)

e.g. Research Lab (Room No:)

Others, please specify

3 Eligibility of subject(s) to be used

e.g. PESS student (U.G. or P.G.)

e.g. University staff or campus personnel

e.g. Members of the general public engaged in research projects granted ethical approval.

Others, please specify

4 Potential risks. To be explained before obtaining consent

None, or minimal discomfort only

If the risks are other than trivial please provide a brief description.

For example: In normal, healthy subjects the risks are equivalent to exhaustive exercise of competitive sport. **Subjects over the age of 35 years MUST obtain the advice of their clinician prior to proceeding.**

The subject should **not participate** in the test if there is a recent history of illness, recurrent injury or medication. These are identified in the pre-test questionnaire.

Please include any other potential embarrassment to the subject which should be explained to the subject by the supervising personnel (e.g. state of undress etc.)

5 Action to be taken in the event of an foreseeable emergency

Please provide a clear statement of appropriate action including contact names and telephone numbers.

- For example:**
1. Remove the subject from the ergometer
 2. Check vital signs: airways, breathing and circulation (ABC)
 3. Apply CPR if required

Contact Name(s):

Contact Telephone Number(s):

Appropriate Action

6 Level of supervision required for procedure

Others, please specify

7 Other documentation required for this assessment ?

Others, please specify

Please ensure copies of other documentation are included in supporting documentation with this application.

FOR COMPLETION BY HEAD OF DEPARTMENT

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In the Department of : _____

		Procedure No	<input type="text"/>
Title of Procedure	<input type="text"/>		
Name of Assessor(s)	<input type="text"/>	Assessment Date	<input type="text"/>

8 Approval of procedure

Others, please specify

Comments/conditions

Informed consent must be completed.

Signed: _____
(Head of Department)

Date: _____