

# Health Informatics Ethics Approval Application

## 1. Project Information

Project Title

Project Summary

Proposed Start Date

Proposed End Date

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## 2. Principal Investigator Details

Name

Affiliation

Email

Phone

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## 3. Team Members

List all team members and roles

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## 4. Research Ethics

Describe the ethical considerations of your project

Type of Data Used

Source of Data

Describe the informed consent process

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## 5. Data Handling & Privacy

Describe how data will be stored and protected

Who will have access to the data?

Methods of de-identification/anonymization

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## 6. Risk Assessment

Potential Risks to Participants

Describe risk mitigation strategies

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## 7. Additional Comments

Any additional information for the committee

