

**APPLICATION FOR POLICY AND/OR ISSUE REVIEW**

**CONFIDENTIAL**

Please give us as much information as possible including the ethical question, likely parties involved, administrative and legal issues and urgency of request. Please attach any additional information you feel will be helpful.

Person Requesting Consultation: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Details of Ethical Question: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of the Consultation/Issue to be Addressed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Urgency: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOW TO REACH US:**

\* Completed forms are placed in a sealed envelope marked "Confidential" and addressed to the appropriate Ethics Committee.

\* Leave at a Northern Health facility or go to the nearest HSDA administration office.